William G. Kight, Cumberland, Md.

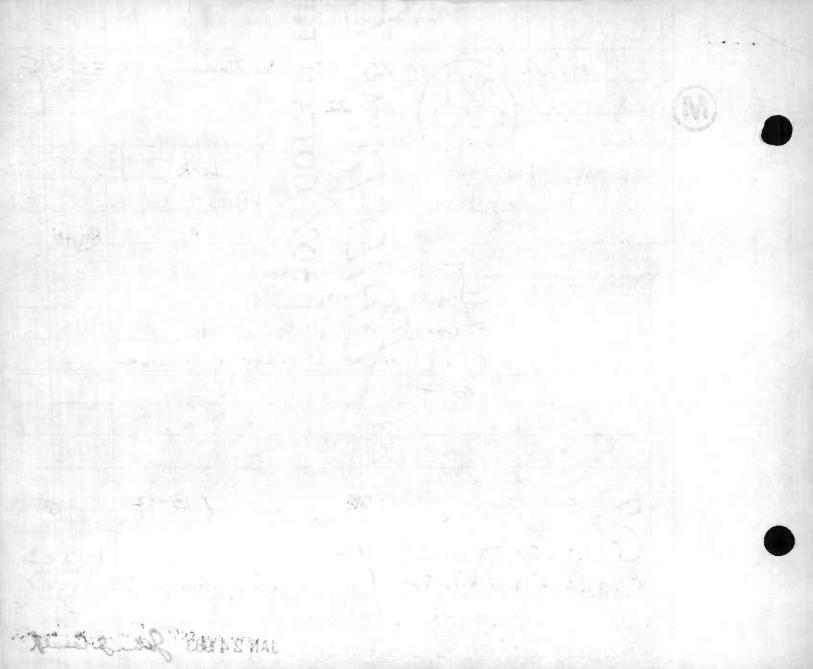
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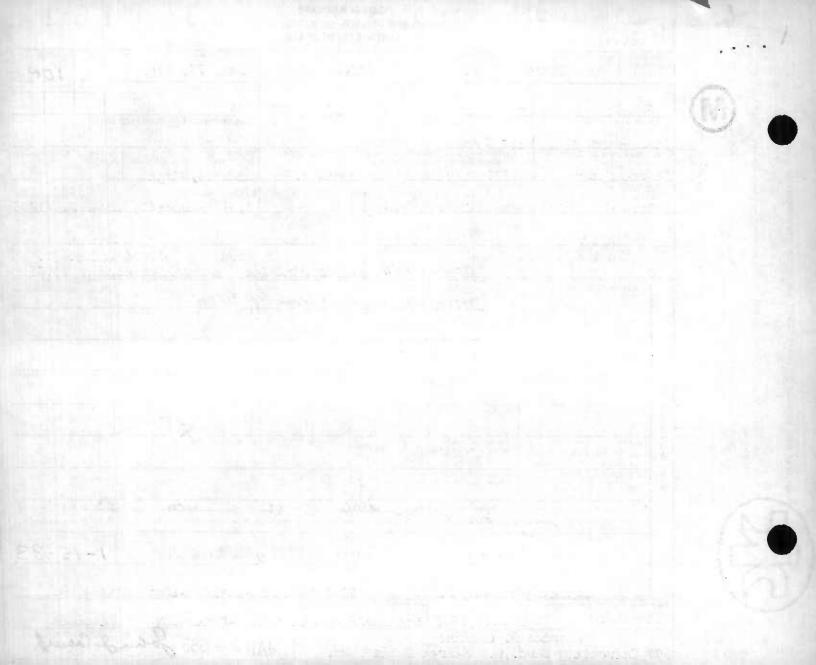
(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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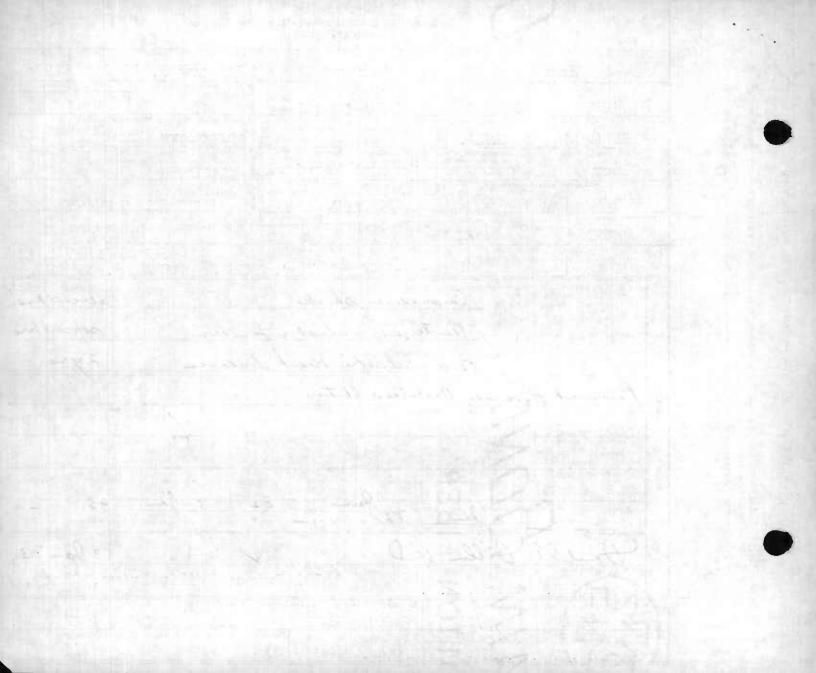


to	1-	FOR STATE REGISTRAR		DEPA	RTMENT OF HE	OF MARYLAND ALTH AND MEN CATE OF DEA	ITAL HYGIEN	IE 3 3	0	1 9	2 4
		***	IRST	WIDDIE		ST	20			AY YEAR	26 HOUR
oge 3	1	OK PKINI]	[rene	Р.	A	llen		Jan. 14,	1983		10PM
ê h	3. SE	x	4 RACE		S. DATE O	F BIRTH DAY	YEAR 6	AGE (IN YEARS LAST BIR	_	FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
(M)		Female	Cauca	sian	May	23	1919	63	YRS.	DATS	MODES MIN.
	7a. BI	RTHPLACE (STATE OR FORE		N OF WHAT COUNT	DV2 8	NEVER MAR	PIED 7	BALTIMORE CITY O	R COUNTY	OF DEATH	
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ped		TY OR TOWN OF DEATH	11. NAM	E OF HOSPITAL, NUI	RSING HOME O		TION 12	B USUAL OCCUPATE	ON	126. KIND O	F BUSINESS OR
1)(Si	lver Spring	1111	1 11	: 4. D.	Povard W		ctress St		INDUSTRI	
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medico	4.4		IF YES, GIVE WAR OR DA	433.54	1.3511	Vicolo P	10:1100	son			00000
the	N	18 CAUSE OF DEATH	5-1			VACORO P	ARA ARE	L Silver	Spriv	APPROXI	MATE INTERVAL ONSET AND DEATH
injury, or other trour	TION	PART 2 OTHER SIGNIF	liote the lost. DUE		TO DEATH BUT I						
2 shorts	CERTIFICATION	190 DATE OF OPERATIO	N 19b C	ONDITION FOR WH	IICH OPERATION	WAS PERFORME	ED	YES NOW	IN CERTIFY	WERE FINDING CAUSES	
8 G		210. ACCIDENT WAS UNDER I OR CONTRIBUTING CAU	SE OF DEATH HOL	IME OF INJURY JR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJUR	Y OCCURRED	(ENTER NATURE OF INJUI	RY IN ITEM 18 PA	RT I OR PART 2]	
or He	MEDICAL	21d INJURY OCCURRED	21e P	LACE OF INJURY		211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
E C	×	WHILE AT WORK	[] IATHO	OME, STREET, FACTORY, OFF	ICE, FARM, ETC]	SIREEI		CITTORTO	****	COOM	SIRIC
		220.1 certify that (1) (the sow the deceased obove, (1) (we) (did 22b. SIGNATURE	did not view the	body ofter deofh.	9.83_, on	eGREE ATTE	NDING /	th occurred on the do	ote and hour	ond from the	
NA-	-	Bemeiler 22d PHYSICIAN'S NAM		mein	,	7° D PHYS	SICIAN DE	PHYSIC	IAN []	1-1	ر ن د
IMPORTANT		Bery	nard Heck			8830 Car		Street Si	lver s	Spring,	Md.
, , =		BURIAL, CREMATION, RE				METERY OR CREA		23d. LOCATION	R	COUNTY	STATE
-		remation	Jan	.15,1983	Metropo.	litan Cri		Alexandr		Virgi	nia
M 4/B2	24 FI	UNERAL DIRECTOR FILE	incis J.	Collins	55		250. DATE R	2 4 1983	25 EGISTE	RAR'S SIGN	well.
4)	50	O University	Blud., u	1. Silver	Spring	, Md.	JAN	2 7 1300	1-	-0	



500 UNIV. BLVD. . W. . SILVER SPRING, MD. 20901

(VR A 15 (4))



Funeral Home Inc

(VRA 15, 4)

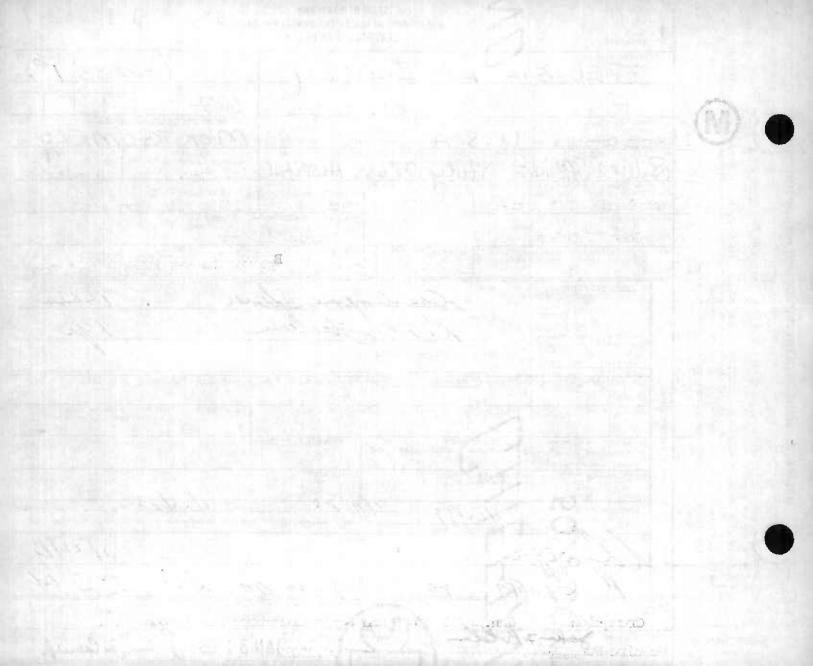
STATE OF MARYLAND

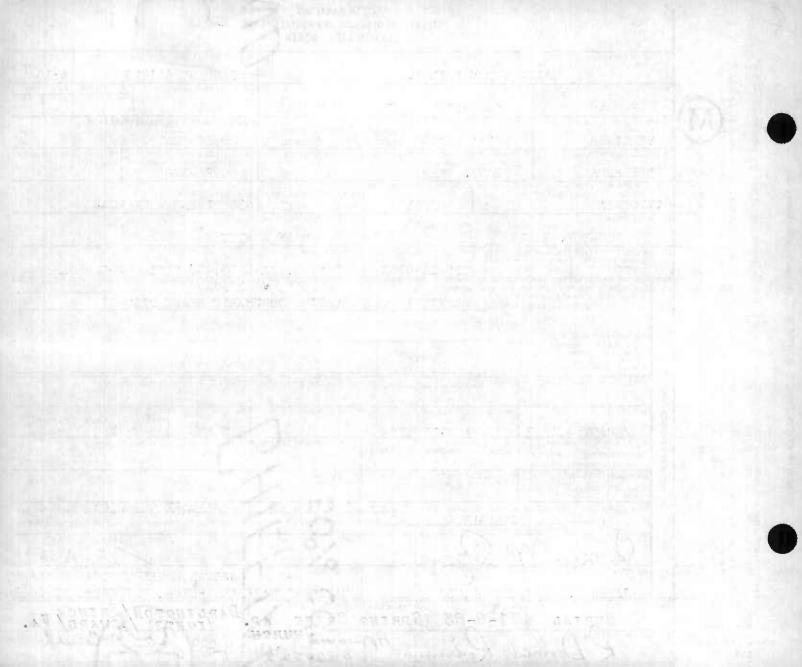
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

STATIS PLET PRINTER MEDICAL PARTICIONAL ATTECHEN YOUR CORDINARY METERS DRIVEN SE MILA WOOD WAS THE SECOND STORY ETHINAS S. A. W. COOS W. L. CANNES ON MANNESS AND ASSESSED ASSESSED AND ASSESSED ASSESSED ASSESSED AND ASSESSED AND ASSESSED ASSESSE material at mades

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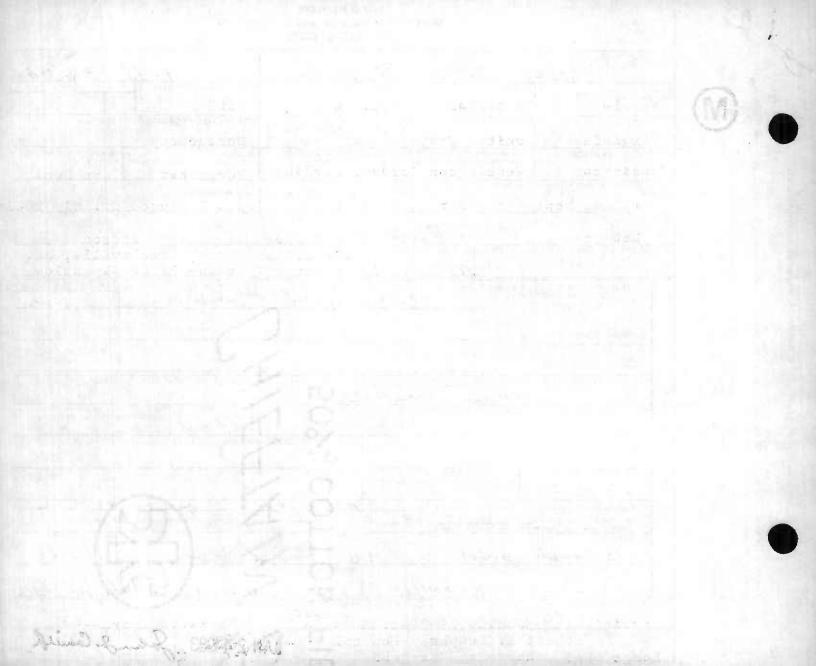


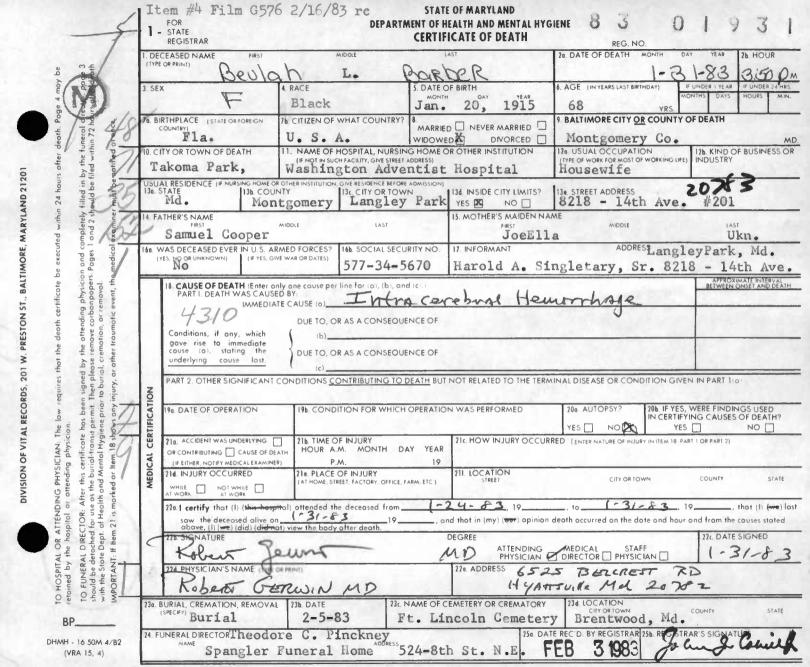


6	K	1.	FOR - STATE REGISTRAR	DEPARTMENT O	ATE OF MARYLAND F HEALTH AND MENTAL HYG IFICATE OF DEATH	IENE 8 3	01929
			CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
	r be ge 3 eoth		Marie P. Ba	ines.	Table 170 Page 1	Tan. 26.	1983 7 38 74
	moy pod , pod	3. SE		4. RACE 5. DAT	E OF BIRTH NTH DAY YEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
_			Female.	White. Aug		81	MONTHS DAYS HOURS MIN.
	CHARLES OF		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8	RIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
	THE PARTY	5	Suffolk Va.		WE DIVORCED	Montgome	TY MD.
	1 11 1	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	E OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O	ON 126 KIND OF BUSINESS OR
102	rs of	CW	heaton, Md.	10000 - 1	Dr.	House wif	
212	hou din	13a.	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIO	(N) 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	20902
N N	filled pould	M.	arvland. Mon		YES NO	12309 Dal	ewood Dr.
RYU	within within within	14 F/	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NAM	MIDDLE MIDDLE	EAST
WA	b ond	J.		Pierce	, , , , ,		athews.
ORE,	Pages 1		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 168 SOCIAL SECURITY NO	. 17 INFORMANT	ADDRE	SS
IWO	Poor Poor	Ne	0.	228-36-144	2 A mita mb	repeat (De	ugheer 13e
SALT	pte t persicio persicio rol.		18 CAUSE OF DEATH (Enter or	nly one cause per line far (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	phy on pa emov		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a) Cancerf	he Surceses		Ilmos
N O	nding corbic or r		1579	DUE TO, OR AS A CONSEQUENCE OF			
PRESTON	deat nave ofian, froum		Canditians, if any, which	(b)			
	the ere		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF			
3	d by leose iol, cr		underlying cause last	(c)			
5, 20	gne gne pn pl buri		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	NAL DISEASE OR CON	DITION GIVEN IN PART 1(a)
RECORDS	15 o b s	7	THE STORM SOUTH CANT				
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=	low rec	ICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERAT	1.4 17 5 17 14 1	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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02 Georgia ava, Ellwar Spring,	Dr. Morris Cerry.
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&	1	FOR STATE	DEPARTA	MENT OF HEALTH AND MENTAL HY	GIENE 8 3 C	1930
	1.05	REGISTRAR CEASED NAME FIRST	WIDDLE	CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 26. HOUR
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M	3. SE	x Female	A RACE Caucasian	Feb. 4 1877	6. AGE (IN YEARS LAST BIRTHDAY) 105 YRS.	MONTHS DAYS HOURS MIN.
ah. Pag	2	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	
the dec	10. C	Trginia TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION	Montgomery 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I	MD. 126. KIND OF BUSINESS OR INDUSTRY
ours of	USU	ensington AL RESIDENCE IF NURSING HOME O	Kensington G	ADMISSION)	Homemaker	own Home
Part Barren		Maryland Mont		da YES 😿 NO 🗌		d Dr. zip 2081
ond 2 sl	14. E.	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
Poges I one		Robert WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	McCar RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES)	RITY NO. 17. INFORMANTO 833	Lane, Broo	Sisson keville, Md.
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ding physici is certificate buriol-transi Mental Hygi or frem 18 sh	/	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	HOUR A.M. MONTH DA	AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
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RAL DIR detoch rote De		Dr Joseph	2 Kennies		DIRECTOR PHYSICIAN	1/18/83
OSPI ed b UNE d be the S	1	DE JOS		220 ADDRESS	isania ane Ret	hada me 20815
retoin TO F shoul	23a.	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP	24.6	Burial	Jan. 20, 1983	100		Maryland
OHMH - 16 50M 4/82 (VRA 15, 4)		UNERAL DIRECTOR Rober		Funeral		Cohel
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10	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	0 1 9 3 2
	fTYPI	ORPRINT) BERT		26 83 215 M
(M)	3 SE	FEMALE	4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) NAITE SULY 6- 1913 69 YRS	71
Office of the		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTRY WIDOWED DIVORCED MENTE	TONERY MD.
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within 24 hours	13a.	AL RESIDENCE (IF MURSING HOME OR TATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 CITY OR TOWN 131 INSIDE CITY LIMITS? 130 STREET ADDRESS YES NO 9/15 POPLA	e AVENOR 20912
e 6 / 5 / 5		RUBERT	MATTSON IS MOTHER'S MAIDEN NAME / FIRST HULDA MIDDLE ER	KILA LAST
be execu		VAS DECEASED EVER IN U.S. AR (ES. NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS E WAR OR DATES! ST9-48-3180 MATTHEN J. BARTOL -71	15 POPLAR AVE
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"Olin L. Molesworth, P.A. . ADDamascus, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR - STATE

DHMH - 16 50M 4/82

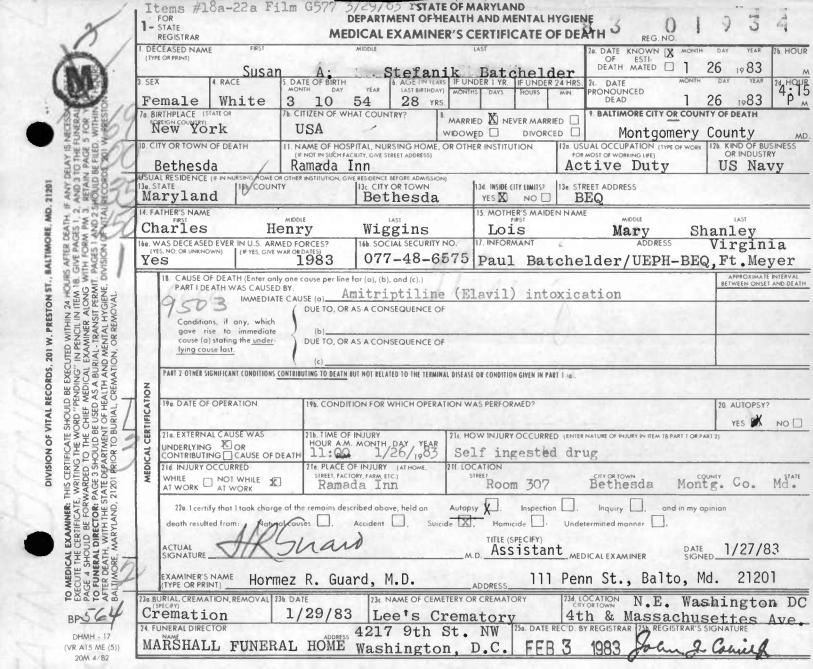
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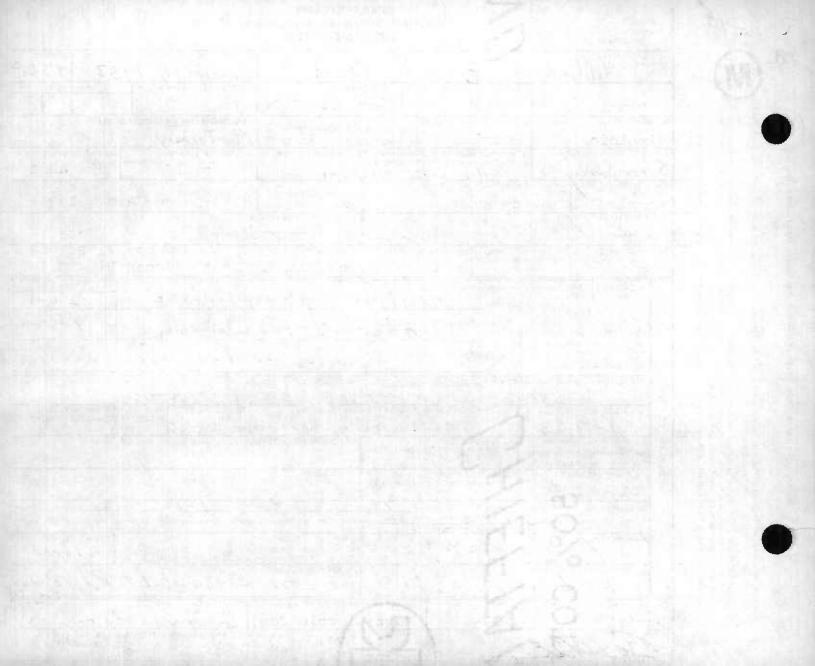
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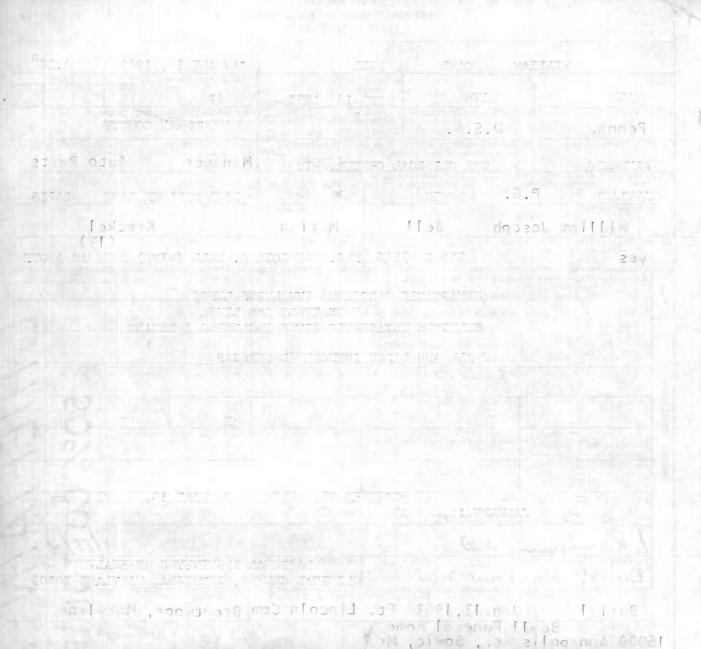
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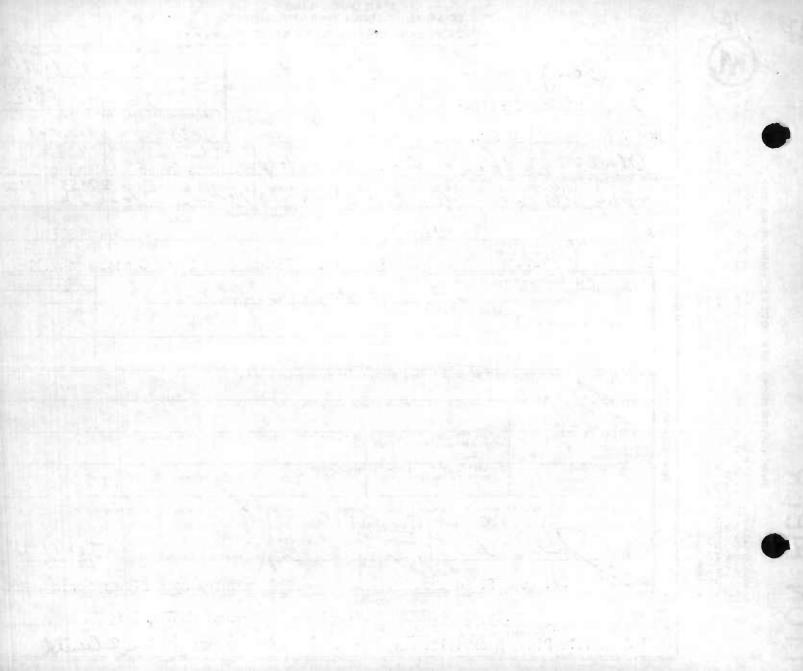


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	W. PRESTON ST., BALTIMORE, MD. 21201 W. PRESTON ST., BALTIMORE, MD. 21201 WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, FENCIL IN ITEM 1B. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIREGMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR "TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. WITHIN 72 HENTAL HYGIENE, DIVISION OF WITH RECORDS, 201 W. PRESTON STOR REMOVAL.	13a. S	Md	Mont.	Packulle	13d INSIDE CITY LIMITS? 13e, STR	PEET ADDRESS /	20853 /cto
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO YEAR 2h HOUR

FOR

REGISTRAR

- STATE

YES [

22c. DATE SIGNED

COUNTY

IF UNDER I YEAR DAYS

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New York.

BETWEEN ONSET AND DEATH

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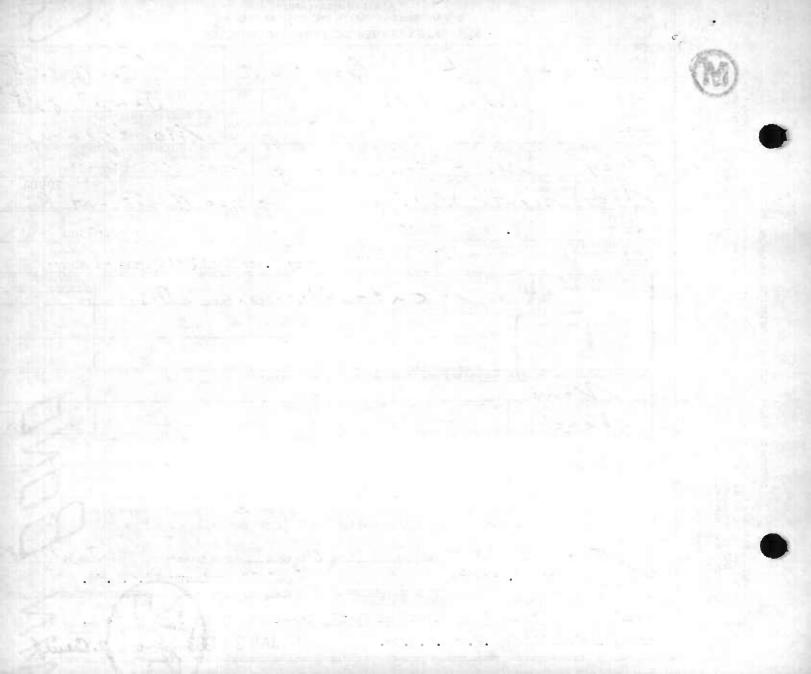
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WE WOLL		death resulted from No	turol couses 🚉,	Accident L., Su	icide	, Homicide	Undetermined mon	ner .	
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		SPECIFY}					23d LOCATION CITY OR TOWN		COUNTY STATE
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DHMH - 17	1	Himes/Rinaldi	11800 NATHE	Ave.S.S.Md.		1 1	N 2 1 1983	GISTRAI	R'S SIGNATURE
(VR A15 ME (5))				C. D. D. Hu.		JAI	4 4 1 1303	John	of while
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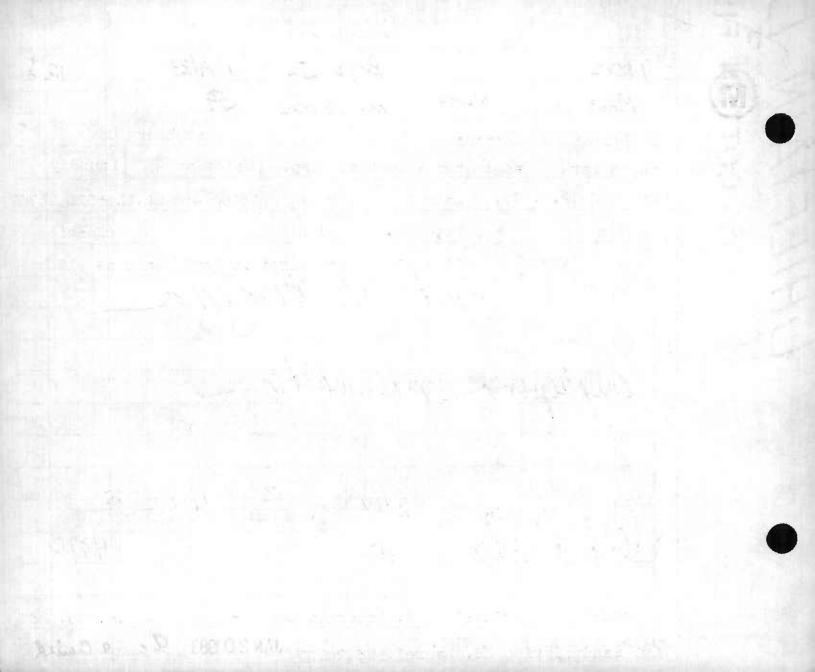
- Joseph Be

Sandy Spring Rd. Laurel, Md. 20707

STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

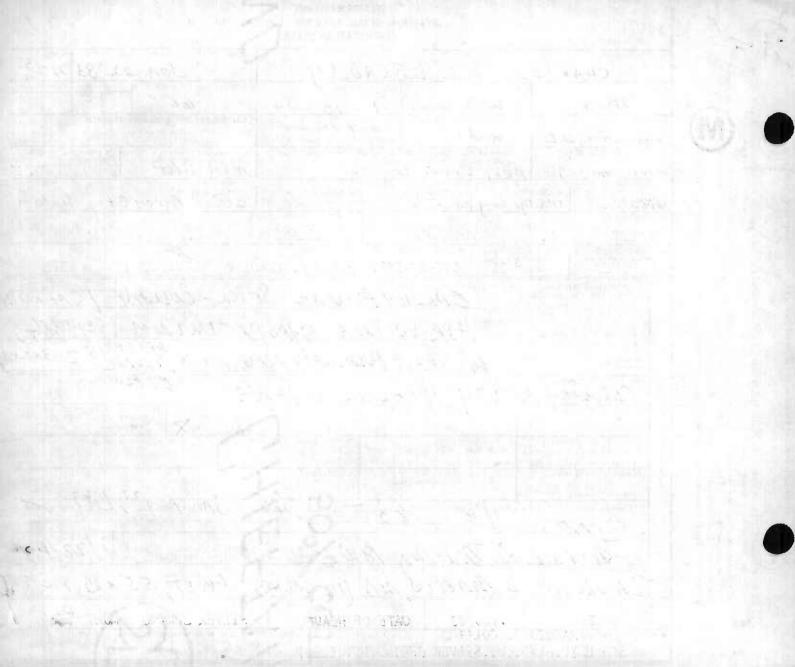


kam STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

#13, per call w/F.H. 1/8/83 kam

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2	6			FOR		DE		E OF MARYLAND JEALTH AND MENT	AL HYGIENE	3	0 1 9	141
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LTIM	ion or rs. Po	ĒV ,					-24-5857	HELEN M.	BRAULEY	SAME A		WIFE
IST., BA	certificating physical pon poper removal	c event, 1		18. CAUSE OF DEATH PART I. DEATH WA	(Enfer only one caus S CAUSED BY: MMEDIATE CAUSE (MA	RATOV H	SCHAR	Strock	- cour	PSET /	MINUTE INTERVAL
RESTON	attendin	TO UTO		Conditions, if ony, gove rise to imme	which	O, OR AS A CO	NSEQUENCE OF	MA, Hy	po Prot	ENERIA	1 SE	JOHN JOHN
W.P	by the ose rem	other		couse (o), stating underlying couse		WALIG	NSEQUENCE PL	LMONARY	ASERBIA	moth ple	TRAL	2-3 MONEY
DS, 20	signed hen ple to buric	lury, o	Z	PART 2. OTHER SIGNE	FICANT CONDITION	S CONTRIBUTION	O HEM	NOT RELATED TO THE	HE TERMINAL DISE	ASE OR CONDITION	productions.	No.
RECORDS	w red been mit. T	yuc -	CERTIFICATION	19a DATE OF OPERATE	ON 19b. CO	ONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	0 110 0	TOPSY? 20b. IF	YES, WERE FIND	INGS USED
A RE	he lo on. has t per	Sw L	TIFIC						YES 🗆	NO	RTIFYING CAUSI	ES OF DEATH?
VIIV		800		21a. ACCIDENT WAS UNDER	Lange 1 A Lange 1 A	ME OF INJURY	TH DAY YEAR	21c. HOW INJURY	OCCURRED (ENTER	NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2	
0	HYSICIA ding ph is certifi buriof-tr Mental	E	MEDICAL	JIF EITHER, NOTIFY MEDICA	L EXAMINER)	P.M.	19					
DIVISION OF	PHYS this the bund	o o	WED	21d. INJURY OCCURRE	(AT HO)	ACE OF INJURY ME, STREET, FACTORY,	OFFICE, FARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
DIV	NG T off	orke		AT WORK		,			1	TAL WORLS	22 /98	3
	ATTEND ospitol o ECTOR: / d for use	5 5	0	220 I certify that (1) (1				nd that in (my) (our)	anining death assure	rad on the date and	hour and from the	, that (1) (we) last
		Z	4	abave, (Jr (1 6) Jaio	d) (did not) view the	body after death		DEGREE	opinion deom occor	rea on the agree and		IE SIGNED
	SPITAL OR by the hard VERAL DIRI be detoche Stote Dep	±		taure	nce. D.	man	ing M	ATTENI PHYSI	DING MEDICA	STAFF OR PHYSICIAN	1/	22/83
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	BP		230.	BURIAL		25/83		F HEAVEN	STIL	ER SPRING	MONT	MA STATE
		-	24. FI	INERAL DIRECTOFRA	NCIS J. C	OLLINS			25a. DATE REC'D. B'		GISTRAR'S SIGN	ATURE
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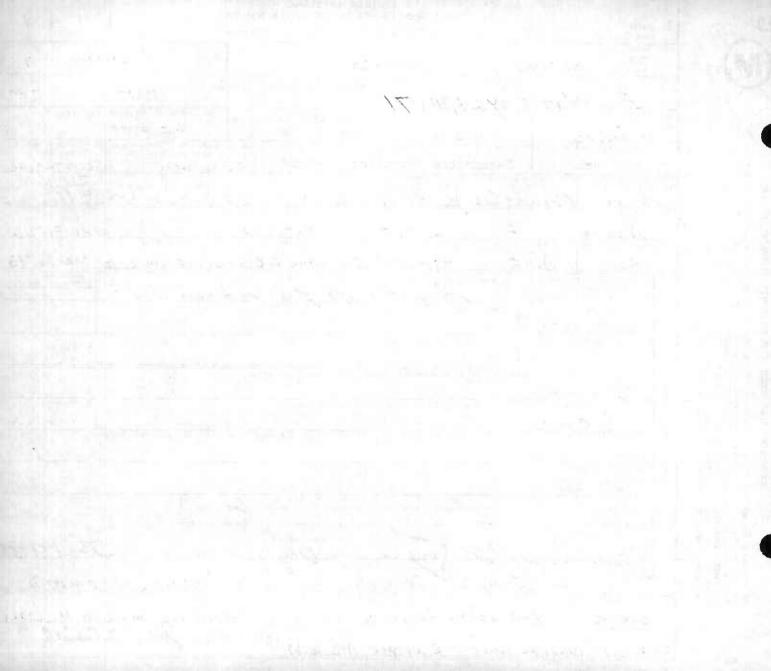


DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



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11		OR	DEPAR	TMENT OF HEAL	TH AND MENTAL H	YGIENE 3	0 1 9 4	9
		TATE EGISTRAR	MEDICA	LEXAMINER'S	CERTIFICATE O	F DEATH REG. N	10.	
		EASED NAME FIRST	MIDDLE		LAST	28. DATE KNOWN		2b HOUR
(RA)	(TYPE	OR PRINT)		D=====1=		OF ESTI-	1/14/83。	7:01
/ I WILLIAM		Eva La		Breazeale			MONTH DAY YEAR	1-1
44 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS IF	UNDER 1 YR. IF UNDER	WIN PRONOUNCED .		2d HOUR
N 25 25 €		Fine WHOTE	MAUSWAI	YRS.		DEAD 1/1	.4/83	7:01,P
VECESSA VIDNERAL DIR FOR YOUR WITHIN 72 PRESTON	7a. BIR	THPLACE (STATE OR	16. CITIZEN OF WHAT CO	UNTRY? 8.	RRIED NEVER MARRI	9. BALTIMORE CITY	OR COUNTY OF DEATH	
NECESSA FUNERAL 5 FOR Y WW PRESTI		EIGN COUNTRY)	11 0 1		OWED DIVORCE	- Manha	merv	
LIAY IS NE O THE FUN PAGE 5 F FILED, W	in cit	PRKANSAS Y OR TOWN OF DEATH	II. NAME OF HOSPITAL, N	0		12ª USUAL OCCUPATION (TY		MD.
			(IF NOT IN SUCH FACILITY, GIV Washington	E STREET ADDRESS)	77 1 1	FOR MOST OF WORKING LIFE)	OR INDUST	
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	65UA 13a. ST		OTHER INSTITUTION, GIVE RESIDEN		1. 1134. INSIDE CITY LIMITS?	13e. STREET ADDRESS	2104	6
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2002	1	FIRST	MIDDLE	LAST	FIRST	WIDDLE	LAST	
DEATH OF STATE OF STA		WILLIAM	- L	ITTLE	ARTEL	IA -	WHITFI	ELD
N N N N N N N N N N N N N N N N N N N		AS DECEASED EVER IN U.S. AR. S. NO, OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b. S WAR OR DATES)	OCIAL SECURITY NO.	17. INFORMANT	ADDRES	5	al.
BALTIMORE, SS AFTER DEA GIVE PAGES I'MITH FORM P VICES I PAU DIVISION OF V	Carlo Carlo	NO NO	NE 49	1-03-907	O FRANK V. E	BREAZEAUE (H	ISBAND) JAME A	5 13.
JRS AF JRS AF B. GIV WITH T. PAG DIVISI		18. CAUSE OF DEATH (Enter on					APPROXIMAT	EINTERVAL
ON ST., 24 HOUF TIEM 18., ONG W. PERMIT.		PART I DEATH WAS CAUSE	D BY:		MVar	and in the	BETWEEN ONSE	I AND DEATH
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RE SER		gave rise to immediate						
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SOTED IN P. EXA.		lying couse last.	(4)					
		PART 2 OTHER SIGNIFICANT CONDITIONS	(CONTRIBUTING TO DEATH BUT NOT S	ELATED TO THE TERMINAL OF	CEASE OF CONDITION CIVEN IN DA	97 1 (a)		
OF VITAL RECORDS, ATE SHOULD BE EXEC E WORD "PENDING" THE CHIEF MEDICAL ID BE USED AS A BUI WENT OF HEATTH AN TO BURIAL, CREMATI	z	1/	CONTRIBUTION TO CEATIN BUT HOT I	ELATED TO THE TERMINAL OF	TEASE OF CONDITION DIVER IN TA	KI I (U),		
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BIVISION O S CERTIFICA RITING THE PE 3 SHOULD TE DEPARTM	MEDICAL	CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED	DEATH P.M. 21e PLACE OF INJU	19 RY (AT HOME, 211	LOCATION			
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DI THIS WARE VARE		AT WORK AT WORK						
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#250EZ			[77]				and in my opinion	
WE BE BE		death resulted fram: Natu	rol causes Accide	nt Suicide	, Hamicide	Undetermined manner	,	
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A # O M F W		CTUAL	11/1	JAL.	M.D. Dep	MEDICAL EXAMINER	SIGNED	11703
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N		TAMINER'S NAME DR.	JOHN S.	ROGERS	_ADDRESS	WER DPRING.	MARYLAN	de
TO MEDICAL EX. EXECUTE THE CER PAGE 4 SHOULD TO FUNERAL DIR AFTER DEATH, WE BALTIMORE, MA	23n PI	IRIAL, CREMATION, REMOVAL	23h DATE Inc	C. NAME OF CEMETER	ADDRESS	23d LOCATION CITY OR TOWN		
	(5)	PECIFY)	T. 1 lan 100	O CEMETER	0 -	100 1	COUNTY	TATE
BP		BURIAL .	JAN /22/83	PATTERSON	COMETERY	ISPEINGFIELD, 6	REENE CO. MIS	SOURI
DHMH - 17	24. FL	INERAL DIRECTOR	ADDRESS		ZOO. DATE	rec'd by registrar to rec	SISTRAR'S SIGNATURE	
(VR A15 ME (5))	CI	hambers Funge	AL HOME E	WERDACE !	MD 20737 101	1 1 9 1909 Jun		
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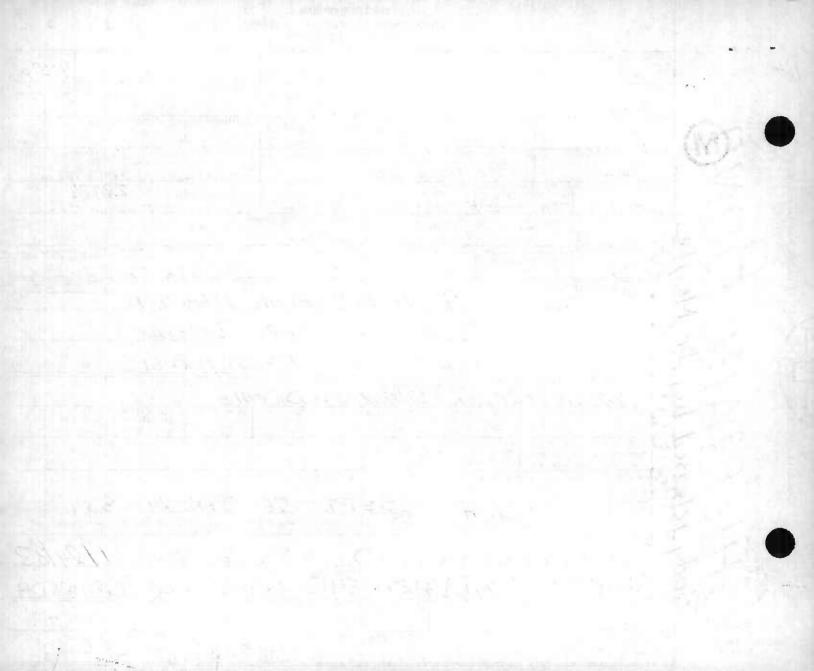
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Molesworth, P.A., Damascus, Md.

FOR

- STATE

REGISTRAR

DECEASED NAME

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

26 HOUR

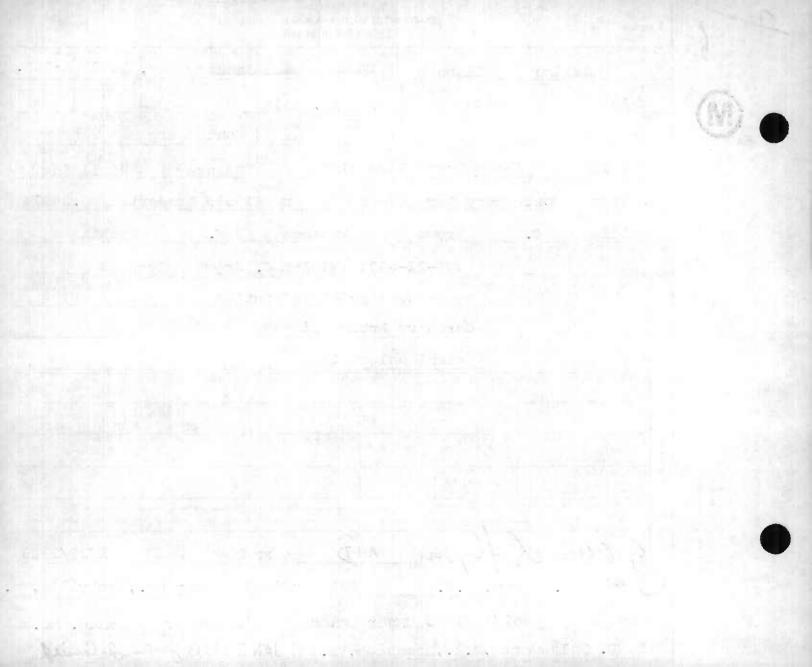
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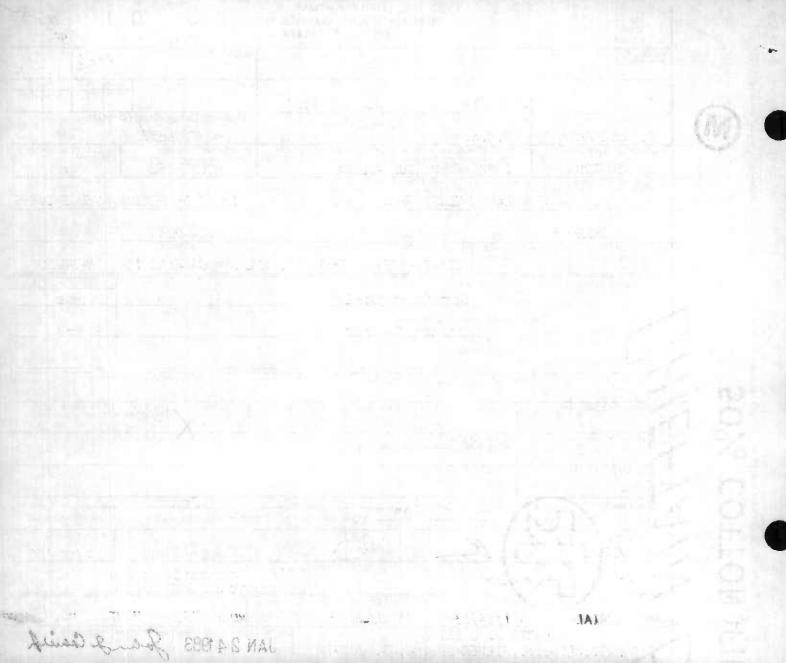
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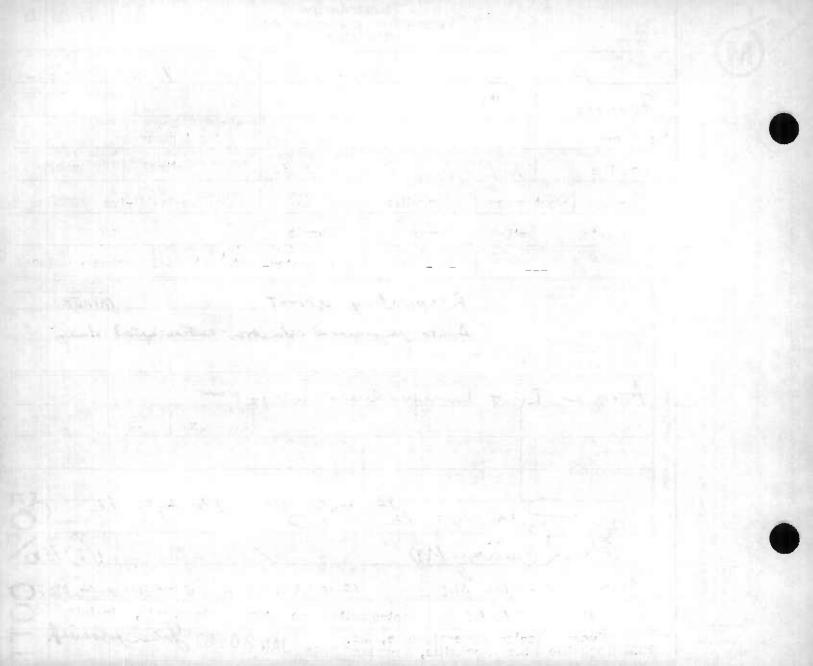
2n DATE OF DEATH



0	1	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE 8 .3	0 1 9 5 4
	L	REGISTRAR CEASED NAME FIRST	WIDDLE	CERTIFICATE OF DEATH	REG. NO.	H DAY YEAR 26. HOUR
ge 3 eoth		Manie Manie	Catherine	Brown	1	1 26/83 5 37
4 mo)	3. SE		1. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
5 W		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	2 4 1893	B BALTIMORE CITY OF CO	VRS. UNITY OF DEATH
deoth.		country	VS	MARRIED NEVER MARRIED WIDOWED DIVORCED	Mon	tonney "
by the fulled with	10. C	a Coma Park	11. NAME OF HOSPITAL, NURSING (IFNOT IN SUCH FACILITY, GIVE STREET	ng home or other institution appriess)	120 USUAL OCCUPATION (TYPE OF WORKFOR MOST OF WORK	12b. KIND O BUSINESS OF
filled in rould be	USU 13a.	AL RESIDENCE (IF NURSING HOME O	NTY ISLICITY OR TOW		130 STREET ADDRESS	Hampshive Qu
impletely to ond 2 sho	14. F/	ATHER'S NAME FIRST	MIDDLE COLON	15. MOTHER'S MAIDEN N	AME Leg	Musselman
on and care Poges 1	16a. \	VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	MED FORCES? 16b. SOCIAL SECU	PRITY NO. 17. INFORMANT	ADDRESS	
equires that the death certificate is signed by the otherding physici her please remove carbonopopel to burial, cremotion, or removal. njury, ar other traumotic event, the	z	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	auswe-arte	Mucril	W GIVEN IN PART 1/0'
ow remit.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
phys phys tiffico tiffico sl-tror fol Hy m 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	AY YEAR	RRED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)
DING PHYSIC or attending After this cert is os the buriol olth and Mentimarked or Item	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	211 LOCATION	CITY OR TOWN	COUNTY STATE
ATTEN Sspital SCTOR: d for us t. of He m 21 is	i,	220.1 certify that (1) (this hasp	ital) ottended the deceosed from	ond that in (myr (our) opinio	n death occurred on the date or	, 19 , that (we) los and hour and from the couses stated
by the by the e detact State Di	-	224 PHYSICIAN'S NAME (TYPE	P togan	ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	26 Jan 83
TO HOSF retained TO FUNI should b with the IMPORTA	23a.	BURIAL, CREMATION, REMOVAL	A STATE OF THE STA	NAME OF CEMETERY OR CREMATORY	CITY OF TOWAR	COUNTY STATE
BP		Burial.		Lael, Lignum,	Va.	
DHMH - 16 50M 4/82	24 F	UNERAL DIRECTOR NAME Takona		4 Carroll. Sty	AN-2 8-1983 P. 256	GISTRAR'S SONAL PRINCE



1	1	FOR	DED	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY	CIENT 8 3 0	1 9 5 6
	1-	STATE REGISTRAR	DEF	CERTIFICATE OF DEATH		
(AA)	I. DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO. 20. DATE OF DEATH MONTH D	AY YEAR 2b. HOUR
		OR PRINT)	lense L.	Bucket	1 2	3 8307594
od of	3. SE		4 RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
s ofter,		Female	White	11 27 1891	9/ YRS.	ONTHS DAYS HOURS MIN.
Pour		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
n 72	N	ew York	USA	WIDOWED DIVORCED	Montgomery	М
filed with		TY OR TOWN OF DEATH Rockville	11. NAME OF HOSPITAL, NU.		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OF INDUSTRY
filled in by ould be fille	USU. 13a. S	AL RESIDENCE (IF NURSING HOME OF ATATE 13b. COU	NTY 134, CITY OR	BEFORE ADMISSION)	13e STREET ADDRESS 9617 Overlea D	rive 20850
2 sho	14. FA	THER'S NAME	0	IS. MOTHER'S MAIDEN NA	AME	
n 15	/	Newton M	lartin Bari			'nknowh'
Pages I one	1	VAS DECEASED EVER IN U.S. AI	RMED FORCES? 16b. SOCIAL VE WAR OR DATES) 263-76-	security no. 17. Informant Col. Helen Baxter	umbia, Marytand 2 Southworth 5441 Lu	1045 Ickpenny Place
Ders.			nly one cause per line for (a), (b	o), and (ch.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
movent,			nly one cause per line for (a), (b ED BY: TE CAUSE (a)	piratory arrest		minutes
signed by hen please o buriol, cri jury, or oth	z	underlying cause last. PART 2 OTHER SIGNIFICANT	D .	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	EN IN PART I(a)
hos been permit. It ene prior t	CERTIFICATION	190 DATE OF OPERATION		HICH OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
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500 University Blyd. W. Silver Spring Md

DHMH - 16 50M 4/B2 (VRA 15, 4)

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- STATE

24. FUNERAL DIRECTOR

DHMH - 16 50M 4/82 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

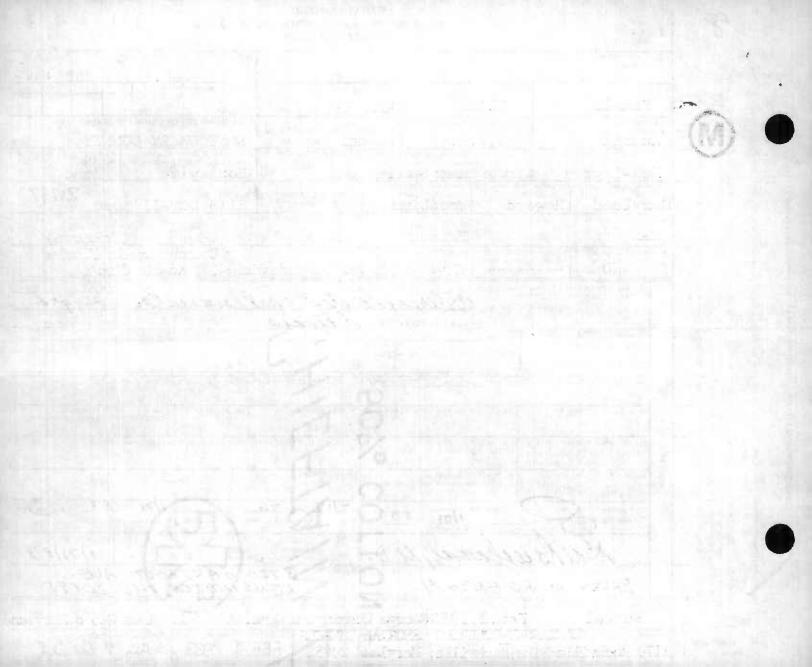
CERTIFICATE OF DEATH

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1170 Rockville Pike; Rockville, Maryland 20852

(VRA 15, 4)



Hines/Rinaldi 11800 N.H.Ave. S. S. Md.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE

DHMH - 16 50M 4/82

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BALTIMORE, MARYLAND 21201

PRESTON ST.,

DIVISION OF VITAL RECORDS.

DHMH - 16 50M 4/82

(VRA 15, 4)

Hines/Rinaldi Funeral Home

STATE OF MARYLAND

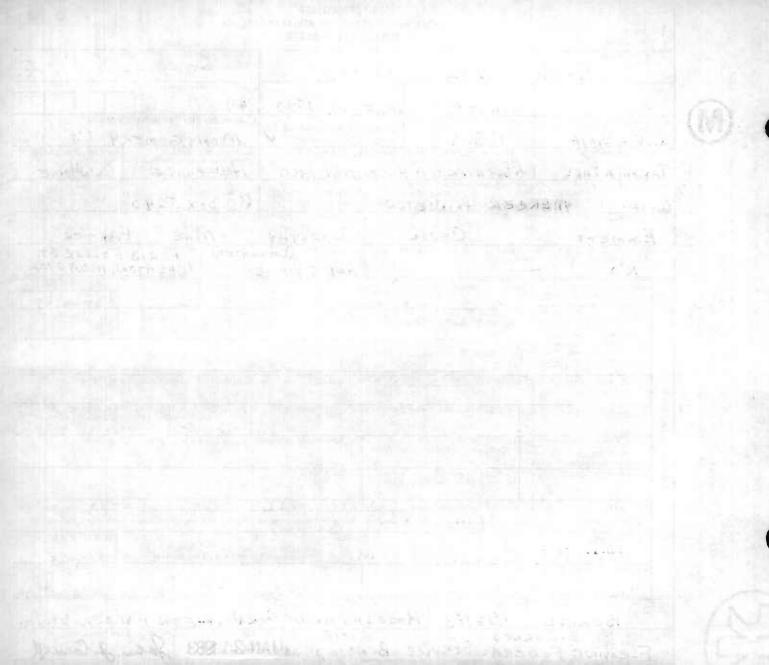
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ROBERT A. PUMPHREY FUNERAL

HOMES, PA. ROCKVILLE, MARYLAND

JAN

FOR

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3

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IF LINDER 24 MPS

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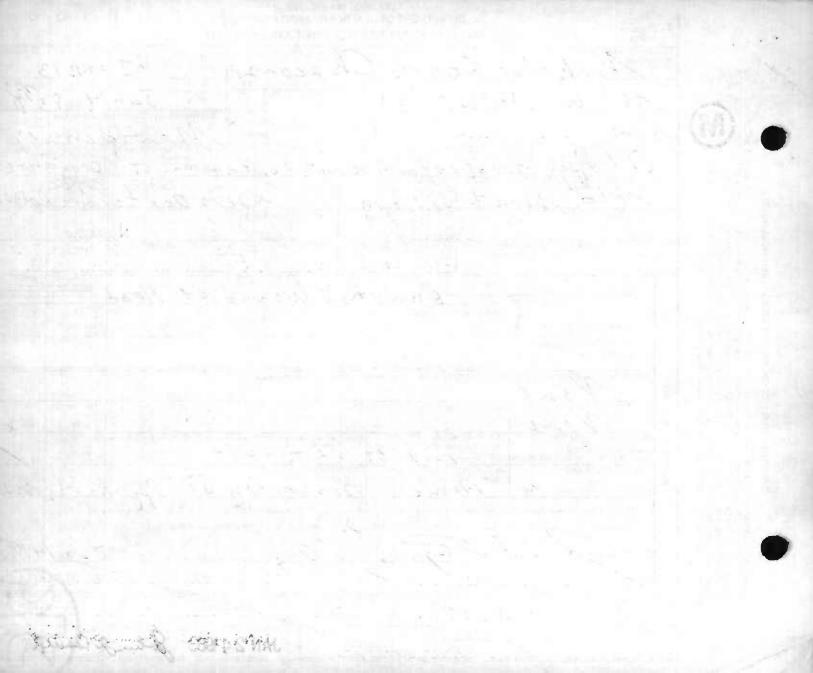
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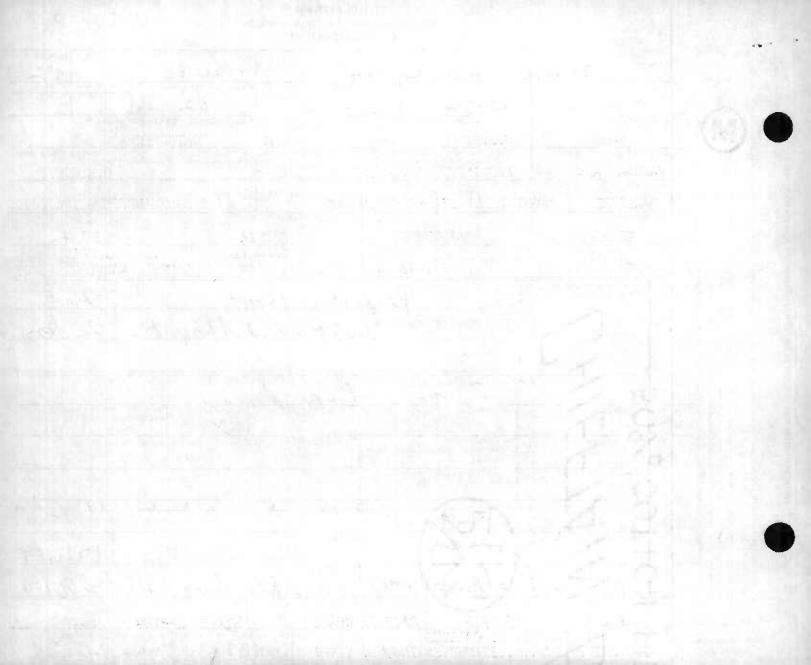
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DHMH - 16 50M 4/B2 (VRA 15, 4)		EARSON FUNE	RAL	HOME F	ALLS CHUE			JAN	1 7 1983	John	I Calu	eg

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STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 7b HOUR MONTH OF ESTI-DATE PRONOUNCED DEAD 7a BIRTHPLACE ISTATE OR 9 BALTIMORE CITY OR COUNT NEVER MARRIED Washington, D. C. U.S.A. WIDOWED DIVORCED 14 FATHER'S NAME MIDDLE Grace Chaconas George 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Father DIVISION 216-58-8624 Chaconas Huattsville. Md 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c). BETWEEN COLT SUBJECT PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OB CONDITION GIVEN IN PART 1 E DEPARTMENT OF HE 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21f LOCATION AT WORK AT WORLE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE STANDORE, MARYLAND, 2 22a. I certify that I taak charge of the remains described above, held an Suicide 2 death resulted from: Natural causes Accident Hamicide L Undetermined manner TITLE (SPECIFY) DATE 152 n /4/982 MERS NAME John S. Rogers, M.D. 1919 Seminary Road Silver Spring, Md. 236. DATE
Jan. 17, 1983 Ft. Lincoln Cemetery 23d. LOCATION Pr. Geo. Maryland Brentwood Burial BP 24 FUNERAL DIRECTOR Francis J. Collins **DHMH - 17** (VR A15 ME (5)) 500 University Blud. W. Silver Spring. Md 20M 4/82



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pod er de	3.	SEX		4. RACE		5. DATE C			AGE (IN YEARS LAST	T BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
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or or or see of the or			2a. I certify that (1) (this he	spital) attended th	e deceased from	n	as 15 11	9	_, to 2 6	1/2-	19	that (I) (we) lost
TTEN pital TOR for u		4	sow the deceased olive obove (1) (we) (did) (did)	on View the host	ofter death	- 65, 01	nd that in (my) (our) opinion de	eath occurred on th	e date and ho	ur and from the	causes stated
R A has has bed bed bept.	- 1	2	26. SIGNATURE	<	///		DEGREE				22c. DATE	SIGNED
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BP	2			1/29/8 NCIS J. (GAIE UI	HEAVEN	25g, DATE	REC'D. BY REGISTE		TRAR'S SIGNA	
DHMH - 16 50M 4/B2	l'					THE UM	20001	LAM	31 1092	Sac.	9.0	00:00
(VRA 15, 4)		_ 5	00 UNIV. BLV	v., W., SIL	VEK SPK	ING, MU.	20901	JAN	0 - 1303	1000	and ro	- ALIMA



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西加	0. 8	IRTHPLACE (STATE OR FORE)	GN 7h		UTE WHAT COUNTRY?	8.	23	08	9. BALTIMORE		VRS.	EATH	
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8	5	IVER SPLICE	c	(IF NOT IN SUC	HOSPITAL, NURSING HEACHLITY, GIVE STREET	ADDRESS)	HOS	pital	120. USUAL OF (TYPE OF WORK FO Sales)	OR MOST OF WOR		NIND OF E	
郭	Ma		ontgo	mery)	Kensingt		13d. INSIDE C	ITY LIMITS?	13. 15 8 5 E D	Connec	20190	ملح و	-
60		ATHER'S NAME Isaact Isaact	MID	DIE	Chini	tz		MAIDEN NAM		MIDDLE		(Unk	nown
medicol		WAS DECEASED EVER IN L YES, NOR UNKNOWN) (IF		D FORCES? AR OR DATES)	16b. SOCIAL SECU 577-20-8		17. INFORMA Doroth	y Chin	itz	ADDRESS Same	e as N	0. 13	
1		18 CAUSE OF DEATH (E PART I. DEATH WAS	nter only o	one couse per	line for yai, (b), on	d (c).)		10	0			APPROXIMA BETWEEN ON	TE INTERV
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other troumoti		gove rise to immedi	ote)	0.46.4.605165011	ENICE OF							
othe			ost.	DUE 10, 0	r as a conseou	ENCEOF							
injury, or	z	PART 2 OTHER SIGNIFIC	CANT CON	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE (OR CONDITIO	N GIVEN IN	PART 110	
ony in	CERTIFICATION	19g. DATE OF OPERATION	4	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20e AUTOPS	5Y? 20b.	IF YES, WER	E FINDING	SUSED
3	E										CERTIFY ING	CAUSES OF	
18 sho	ER	210. ACCIDENT WAS UNDERLY	ING []	21b. TIME O		_	21c. HOW IN	JURY OCCURR	ED (ENTER NATUL				,
or frem 18 shows		OR CONTRIBUTING CAUS		HOUR A.		AY YEAR							
or he	MEDICAL	21d INJURY OCCURRED	H-MANUALK)	21e. PLACE	OF INJURY		21f. LOCATIO	N		CITY OR TOWN		OUNTY	51
morked	Z	WHILE NOT WHILE		(AT HOME, STE	REET, FACTORY, OFFICE, I	FARM, ETC.)	STREET	0	. 0	CHILOK TOWN		JUN11	51
OE.		220 I certify that (I) (this	hospitol)	oftended th		VIC	enter	, 19	, to 1/2	ken	19	, the	ot (1) (v
21 is		sow the deceased o above, (1) (we) (did		1 / 1	2 / 1	13.01	nd that in (my)	(our) opinion o	deoth occurred	on the date o	nd hour and	from the co	uses sto
MPORTANT: If Hem 21 is r		22b. SIGNATURE	1	w me body	7		DEGREE		/		1	21. DATE SH	GHED
¥.		////	14	an/1		121	7	TTENDING PHYSICIAN D	MEDICAL DIRECTOR	STAFF		1/31	18
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IMPORTANT:		ABRAHA	m l	V. D F.	TWISH		1106	Sp	bing)	-	5.5.	Mo	6
<u> </u>	23a.	BURIAL, CREMATION, REA	NOVAL	23b. DATE	23c.	NAME OF C	EMETERY OR C	CREMATORY	LEG. LOCATI		cou	NITY	C.T
		Burial	1/4	2/1/19			Cemeter		Newa	ik, Ess	ex Co	unty,	N.
4/82		UNERAL DIRECTOR DO				w Mem	orial F	H 250. DATI	REC'D. BY REC	SISTRAR 750	REGISTRAR'S	SIGNATUR	6
	2	32 Carroll S.	treet	t. N. U	v. Washi	ngton	. D. C.	FE	3 7 19	83	and	- laha	M
	_												

1-31-83 43 644 Bush Chinty Sivery special little Cross H. rotal is seen a plant

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

FOR

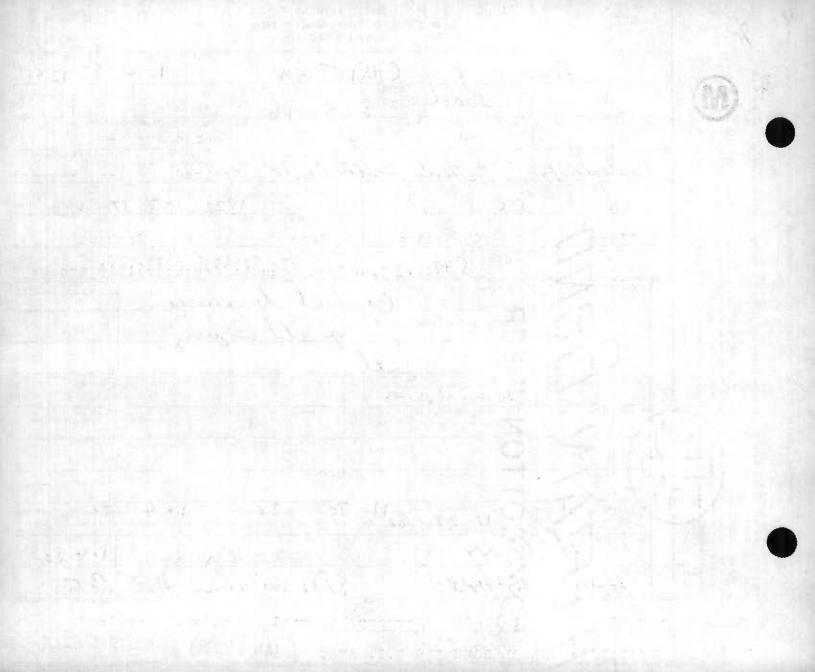
REGISTRAR

- STATE

(VRA 15, 4)

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DHMH - 16 50M 1/81 (VRA 15, 4)

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	1.	FOR STATE			HEALTH AND MENTAL HYG	IENE 8 3	1 4 / 1
		REGISTRAR		CERTII	FICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST		WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Ы	V		CXINE	: Christi	Ansen	January	6, 1982 130 PM
	3. SE	x	4 RACE		OF BIRTH	6 ALL IM TEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
in	F	emale	W	MONT	DAY YEAR 35	57 YRS.	MONTHS DATS HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY? 8	NEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH
		U.S.A.	USA	WIDOW	ED DIVORCED	montgo	mery ct MD.
7/	III CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING HOME (THE FACILITY, PLYE STREET, ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIMD OF BUSINESS OR
1	-	Koma Park Md	Wash	Adventist H	Osp	Housewife	own home
5	13a. S	STATE No CO	UNTY	GIVE RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
1	-		Georges	Beltsville	YES X NO [13e STREET ADDRESS 4603 Barbara Di	rive 20705
A	14. FA	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NAM	WE	TAST
V		Lee		Gatlin	Myrtle		McKoy
g		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
-		N/A	N/A	431-38-3608	Dr. Meryl N.	Christiansen-hu	sband-(same as 13
- 1		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	only one cause per		16 (11)	C	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			IATE CAUSE (o)	Ham negota	in (6, coli)	Se 1515	1 WK
		1749	DUE TO, O	R AD A CONSEQUENCE OF			
		Conditions, if any, which	(b)_		ancer		2418
		gove rise to immediate couse (a), stoting the	DUE TO. O	R AS A CONSEQUENCE OF			
		underlying couse last	(c)_				
	7	PART 2 JOTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CONDITION G	VEN IN PART 1(a)
	CERTIFICATION	THOMBOC	popenia	Neutrop	renia		
	CA	190 DATE OF OPERATION	196 COND	MION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED IFYING CAUSES OF DEATH?
7-	RTE						ES NO
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	-	FINJURY M. MONTH DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
1	CAL	(IF EITHER NOTIFY MEDICAL EXAMI	DEMIII)				
	MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY OFFICE FARM, ETC.)	21f LOCATION	CITY OR TOWN	COUNTY STATE
	-	WORK NOT WHILE AT WORK		ter, recross of the family etc.)		1	
1		220 certify that (1) (this ha	spital) attended th	deceased from	19 4	, to 1/6	19 83 that (we) last
		saw thereleceased alue above (ly/we) (did (did	nat) view the body	ofter death.	nd that in my (our) opinion d	leath occurred an the date and ho	ur and from the couses stated
		22WSIGNATURS			DEGREE		220 DATE SIGNED
		Mer B. 7/w	ter mo		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/6/83
T		224 SHYSICIAN'S NAME ITYP		0	22e ADDRESS	n ulad	,
1		IETER !	5. SHEI	RER MD	13947 terrare	a dr. Wheaton	ma
	230 B	URIAL, CREMATION, REMOV	AL 23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	
		Burial	1-8-1	983 Gate of	Heaven Cemete	ery Silver Sprin	ng Montgomery Md.
		INERAL DIRECTOR		11800 N.H. A		RECO. BY RECOSTRAR ESE REGIS	
	Hi	nes/Rinaldi Fu	meral Ho	me	20904 JAN	1 9 300	~

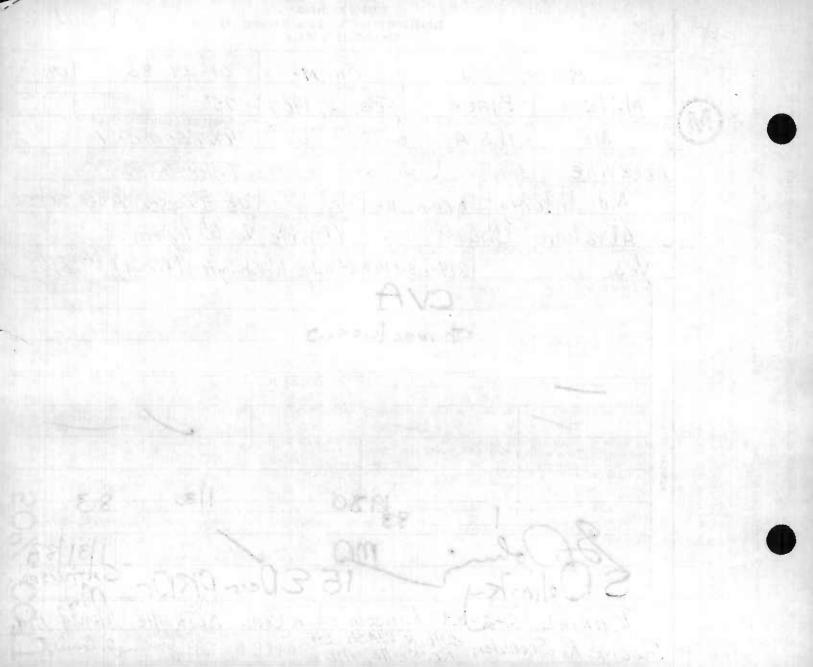
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All street of the city attended to attend the termination of the court of the court

WORRY DA R. Z DOOR Larwer Minst No. 17.

BP DHMH - 16 50M 4/82 (VRA 15, 4)

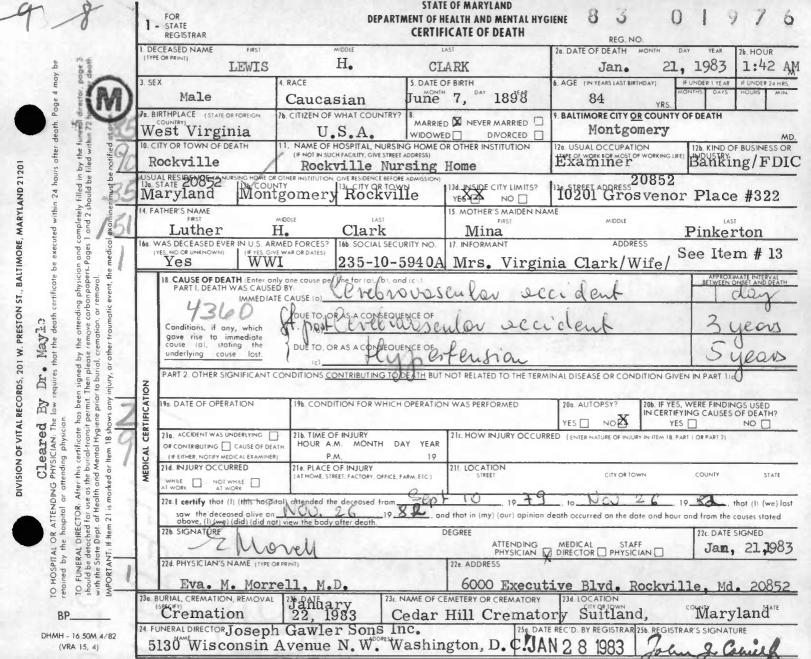
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH MONTH DAY YEAR DECEASED NAME FIRST MIDDLE 2b. HOUR LITYPE OR PRINTS RALPH 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 4. RACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY ADVENTIST HOSPITA GROVE 13d INSIDE CITY LIMITS? NO 15. MOTHER'S MAIDEN NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 IN (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 10) (b PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 20b. IFYES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED INCERTIFYING CAUSES OF DEATH? NO F NO 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY OFFICE FARM, ETC.) STREET 220.1 certify that (1) (this hospital) attended the deceased from saw the decemed alive an the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING DIRECTOR PHYSICIAN TANK NAME LIVE OF FRINIS 234 NAME OF CEMETERY OF 23b. DATE



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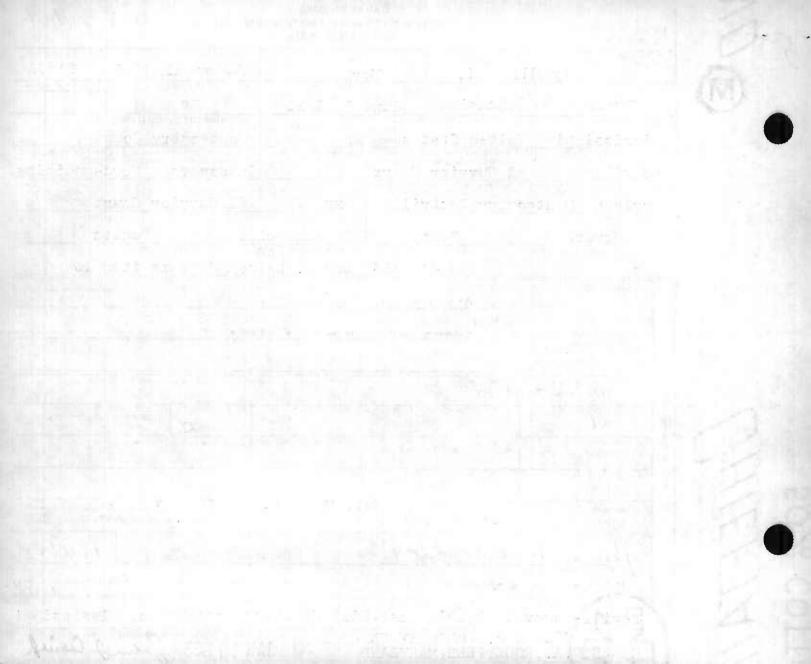
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24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEM. CHPS.

1170 Rockville Pike; Rockville, Md.

FOR - STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

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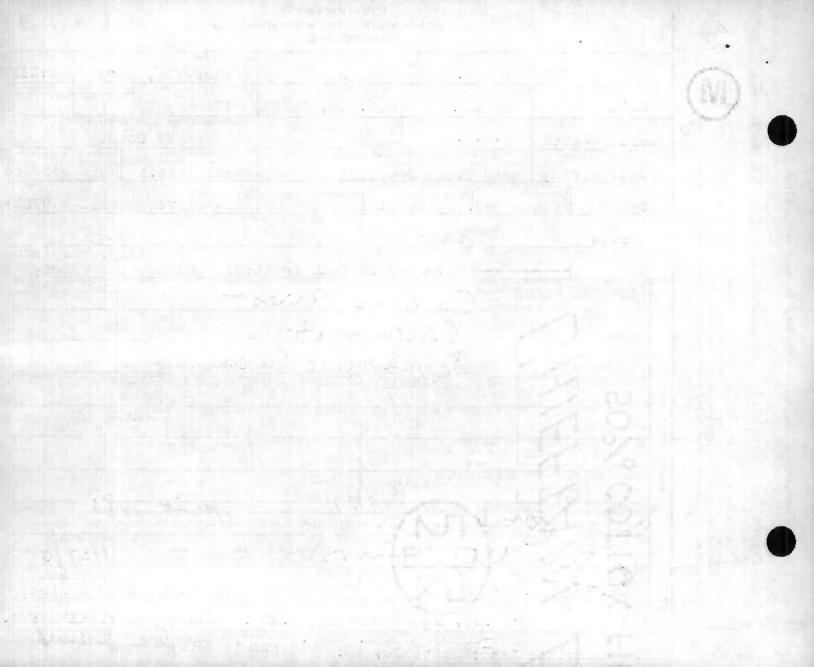
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

250. DATE REC'D, BY REGISTRAN AN REGISTRAN CAIG THIRE

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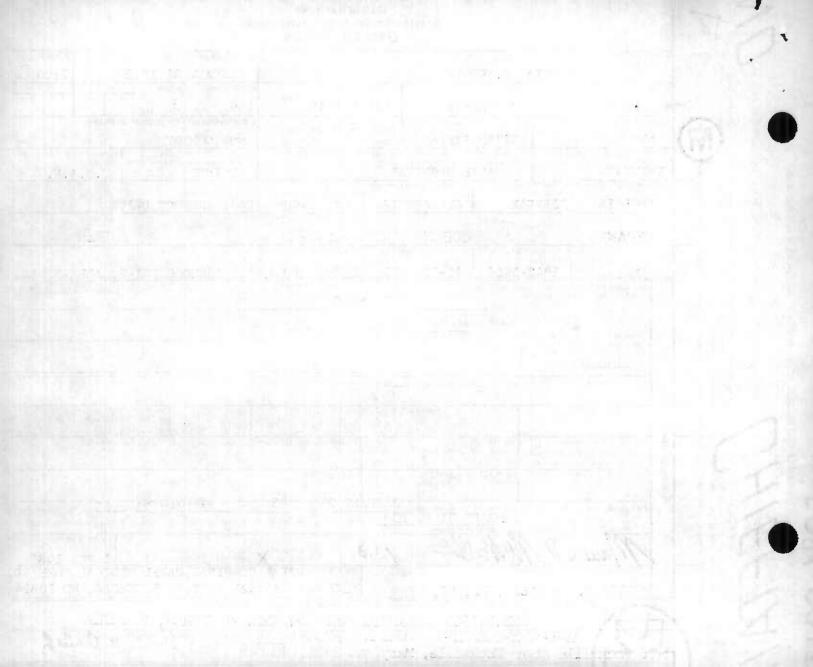


STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE



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ending physician and completely filled in in the carban papers. Pages 1 and 2 shauld be filled—the

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician should be detached for use as the burial-transit permit. Then please remove carban papers. P

should be detached for use as the burial-transit permit. Then please remove carbanpo with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remay

IMPORTANT: If Hem 21 is marked ar Hem 18 shaws ony

injury, ar other traumatic event, th

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

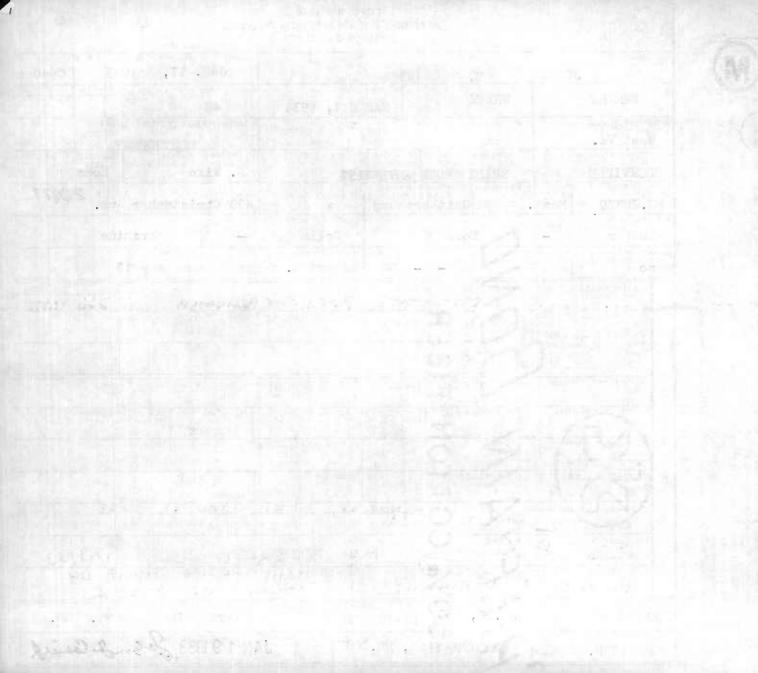
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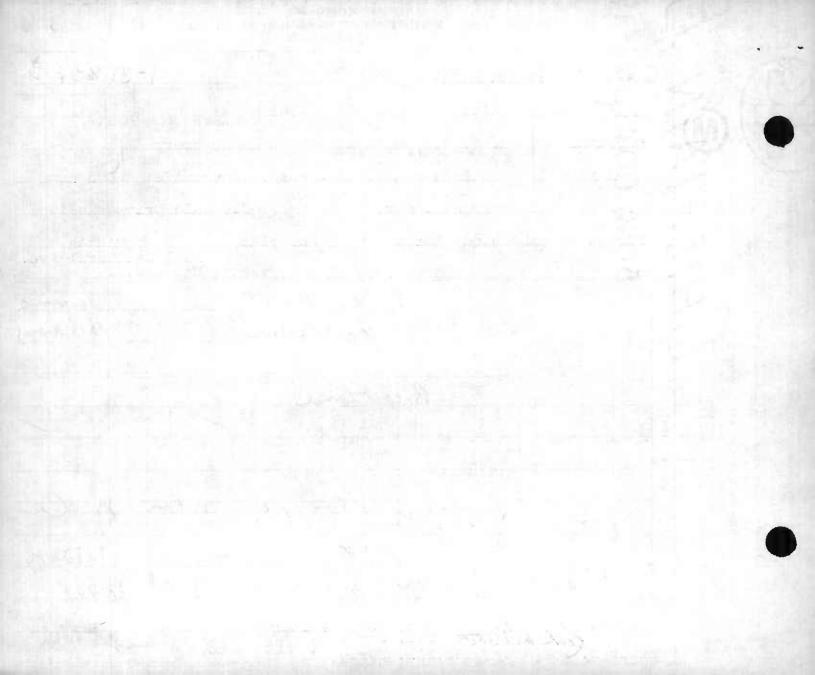
		REGISTRAR				CERTIF	ICATE OF DEATH		REG.	VO.		
		CEASED NAME OR PRINT)	FIRST	E	MIDDLE	COMBS	AST	2a. DA	JAN. 1	MONTH	1983	26 HOUR 0640 A
	3. SE			A RACE WHITE		5. DATE C		6 AGE	(IN YEARS LAST E	IRTHDAY]	IF UNDER LYEAR	IF UNDER 24 HRS HOURS MIN
3	1	RTHPLACE (STATEOR COUNTRY) Vest Va.		USA		MARRIE			MO	OR COUN	TY OF DEATH	MD.
5	R	OCKVILLE		SHAD:	Y GROV	E ADVENT	OR OTHER INSTITUTION	12a US (TYPE O H.	Wife	TION OF WORKING	12b. KIND C INDUSTRY Home	PF BUSINESS OR
5	13a. S Mo	AL RESIDENCE (IF NUR. STATE) 1.20879	Mont.	TY	13c. CITY OF		13d INSIDE CITY LIMITS	? 13e. STI 433	Chris	tophe	r Ave.	20879
5		Luther		NIDDLE I	Moss	ST.	Delia MOTHER'S MAIDEN	NAME _	WIDDLE	Er	skine tas	ī
	0	VAS DECEASED EVER VES. NO OR UNKNOWN) 10		MED FORCES? WAR OR DATES)		SECURITY NO. 8-2130	Robert H.	Combs	Same	as #	13	
	NO	Conditions, if any gave rise to imm. couse (a), stating underlying couse	, which mediate ng the last	(b)	R AS A CON	SEQUENCE OF	BREAST NOT RELATED TO THE TE				SIVEN IN PART 110	YEARS
2	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORMED	20a YES	AUTOPSY?	IN CERT	TES, WERE FINDING CAUSES	
7	MEDICAL CER	21g. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER: NOTIFY MEDI 21d. IN JURY OCCUR WHILE AT WORK Sow the deceas abave. (I) (we) (6 22b. SIGNATURE	CAUSE OF DEAT CAL EXAMINER! RED HILE (this haspite ed alive an did)	21e. PLACE (AT HOME STR	M. MONTH M. DF INJURY EET, FACTORY, 0	19 FFICE, FARM, ETC rom	d that in (my) (our) opini	CURRED (EN	CITY OR T	OWN date and hi	COUNTY . 19 83 ,	STATE that (I) (we) last causes stated
		EUGEN		P. ti	ANN	ery	22e ADDRESS (8)		RINCE, MD.			R.
		urial, cremation, UR'I'AL	REMOVAL	JAN.20	,1983	LAYTONS	EMETERY OR CREMATOR		OCATION YTONSVI	LLE	MONT.	MD . STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

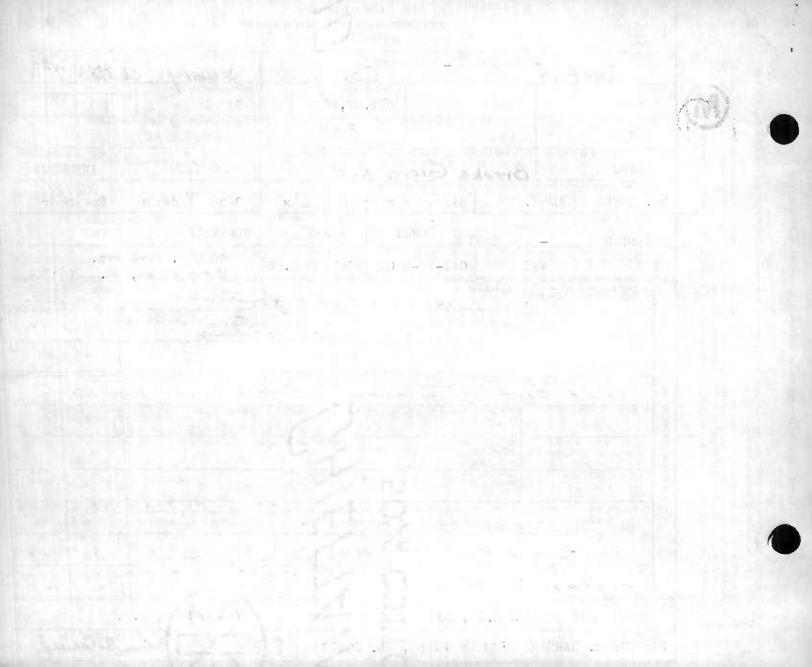
24 FUNERAL DIRECTOR FRANCIS H. BARBER

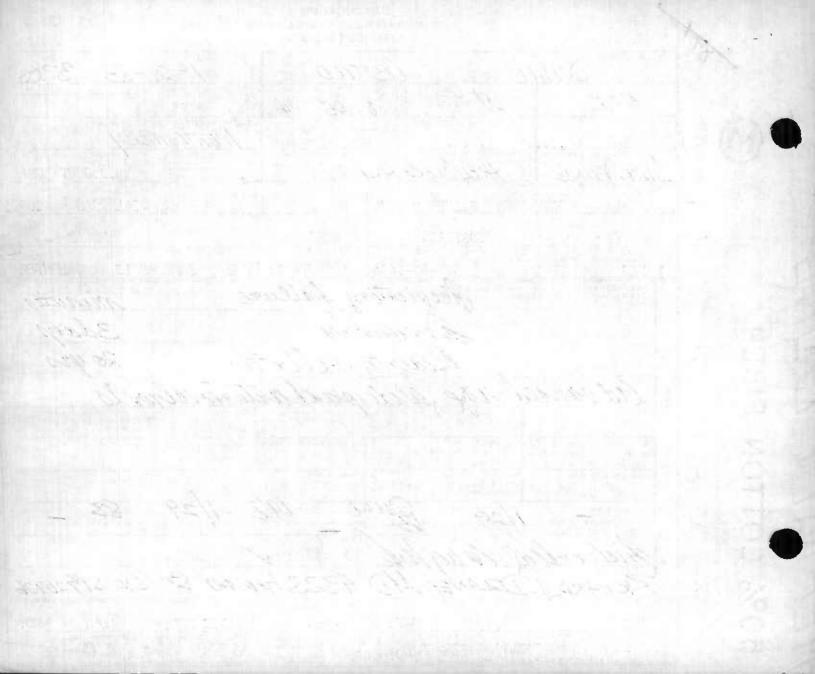
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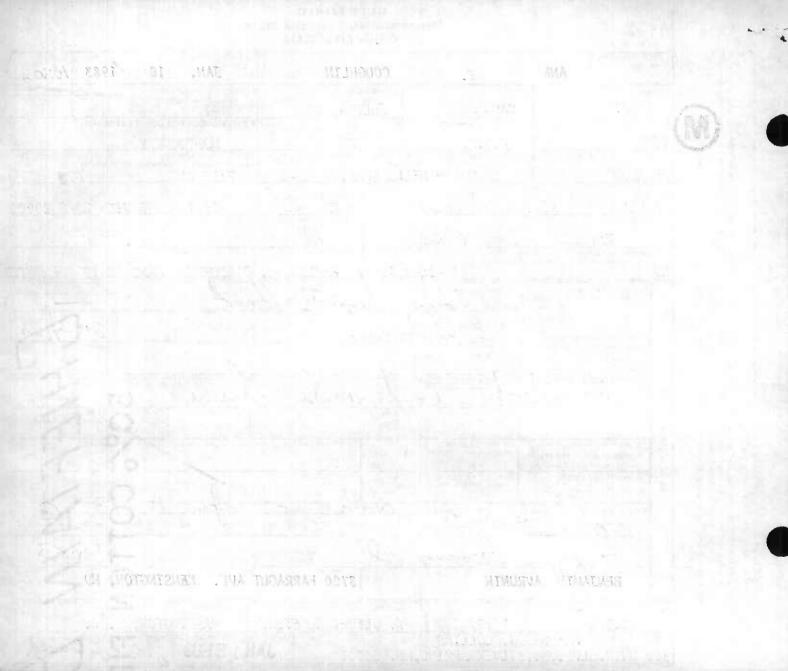


6	1.	FOR STATE REGISTRAR		DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENT CERTIFICATE OF DEAT		8 3 REG. NO.	0 1 9	8 4
ay be oge 3 death	{TYPI	CEASED NAME FIR	SANFORD	DDLE	COREY	1	anuary .	30 1983	7 25 7 A
M	3. SE	x MALE	4. RACE WHITE		5. DATE OF BIRTH 0°CT. 27, 1891	year 6. AGE	(IN YEARS LAST BYTHDAY)		UNDER 24 HR
death. Pog		RTHPLACE STATE OR FOREIG	76. CITIZEN OF W	HAT COUNTRY?	MARRIED NEVER MARR	RIED 🖵	MORE CITY <u>OR</u> COUNT MONTGOMERY	Y OF DEATH	,
by the fu	10. C	OLNEY		FACILITY, GIVE STREET			AL OCCUPATION NORK FOR MOST OF WORKING OUNTANT	LIFE) 12b. KIND OF B INDUSTRY INDU	SUSINESS OF
filled in ould be in	USU 13a MI	AL RESIDENCE IF NURSING H	OME OR OTHER INSTITUTION G COUNTY IONT.	Silver	pring YES NO	IMITS? 130. STRE	56 Adderky	209 Rossm	06 100r
mpletely ond 2 sh		ATHER'S NAME FIRST	MIDDLE	ZER 'CORI	EY SARAH		KWELL	SANFORD	
Poges 1	16a. \		S. ARMED FORCES?	012-10-6		S.COREY	4620 N. Par)81.5
r requires that the dec een signed by the atte rt. Then please remove for to buriol, cremotion by injury, or other trour	ATION	underlying couse lo	DUE TO, OR St. (c) ANT CONDITIONS COI	1 pre	NCE OF	heited	Curat. 1	IVEN IN PART LIG	SIRFO
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iTAL OR ATTENDING by the hospitol or of RAL DIRECTOR: After a detoched for use os detoched for use os Siote Dept. of Health		22a.1 certify that (I) (the sow the deceased of above, (I) (we) (did) (22b. SIGNATURE Justa 22d. PHYSICIAN'S NAME	hespitati ottended the vive on did not) view the body o	9 fter death.	220. ADDRESS	opinion death acc	AL STAFF OR PHYSICIAN	22c. DATE SIC 30 J	SNED Ten8
TO HOSPITA retained by TO FUNERA should be de with the Stot	23a	GUSTAL BURIAL, CREMATION, REM	OVAL 23b. DATE		NAME OF CEMETERY OR CREM		Spring	1 LL Q 51	0909 STATE
BP DHMH - 16 50M 4/82	24 F	UNERAL DIRECTOR RANCIS H. BAI	JAN. 31		, MD. 20879		SHINGTON, D BY REGISTRAR AND REGIS		





			1 -	FOR STATE REGISTRAR			DEP	PARTMENT OF	TE OF MARYLAND HEALTH AND MENT FICATE OF DEAT		NE 8 3	()	1 9	8 6
1/				CEASED NAME	FIRST		WIDDLE		LAST	2	. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
1	y be	-		OK 1811)	ANN		Т.	CO	IGHLIN		JAN.	10	1983	10:20 AM
	mo free of	5	3. SE			4. RACE		5. DATE	OF BIRTH	EAR 6.	AGE IN YEARS LAST	SIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	age 4	1		FEMALE		CAUCA		Ju	LY 5, 1891	LAK	91	YRS.		I MILL
	F. P.	N)	(RTHPLACE (STATE OF	RFOREIGN	76. CITIZEN OF	WHAT COUN	VTRY? 8. MARR	ED NEVER MARR	IED 9	BALTIMORE CITY	OR COUNT	Y OF DEATH	
	deot deot	2	10			u.s.		WIDOV	ED XX DIVORC	ED 🗆		OMERY		MD.
	offer the formal d wified	97		TY OR TOWN OF DE	ATH	(IF NOT IN SUC	CH FACILITY, GIVE	STREET ADDRESS)	OR OTHER INSTITUTI		TYPE OF WORK FOR MOS	OF WORKING L	12b. KIND C INDUSTRY	OF BUSINESS OR
1201	n by the filed the filed	14		EATON AL RESIDENCE (IF NUF	SING HOME O				URSING HOM	E	FILE CL	ERK	G	GFO
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	led i	34	13a. S	TATE	136 COU	NTY	13c. CITY OR	NWOTS	1134. INSIDE CITY LI		Be. STREET ADDRES			
LAN	hin 2 shou	×		THER'S NAME	MUN	ITGOMERY	WHEA	ION	IS MOTHER'S MAI	Tree!		ARBOR	VIEW RO	AD 20902
ARY	y with	50		PATR	TOV	WIDDRE	THYNN		FIRST	DE TOMBE	ANDOSE		DUMPOON	4
π, Σ	ecuted d comp es 1 on	<u> </u>	Têa. V	AS DECEASED EVE	-	MED FORCES	-	SECURITY NO.	ANN 17. INFORMANT		ADD	RESS	DUNDON	
MOR	ond Poge	11		ES. NO OR UNKNOWNO		VE WAR DRIDATES)		8-2015		E C	O'ROURKE	CAME	AS 13	DAUGHTE
ALTI	te be		110	II. CAUSE OF DEA	TH (Eather or	ulu nise couse neu	•	7	/ MULTIN	1	NUME	SAMIL		MATE INTERVAL CHISET AND DEATH
80	phys pop novo			PART L DEATH	WAS CAUSE	ED BY	Cani	1 /	much	10	wit		METWEEN	THISET AND DEATH
2	cert ling rbor or rel	-1		12380	MMEDIA	TE CAUSE (o)	0	1	1	1			1000	- 1
STO	death attendi			Conditions, if an	which	DUE 10, 0	RAS ACONS	SEQUENCE OF	rA-				24	House
28	he de de mori			gove rise to immediate couse (a), stating the DUETO OR AS A CONSEQUENCE OF										1.0
× ·	by the			underlying cous		DUE TO, O	RAS A CONS	SEQUENCE OF			1			
201	ned plec			PART 2 THER SIG	NIFICANT	CONDITIONS CO	ONTRIBUTING	G TO DEATH BU	T NOT RELATED O T	HE TERMIN	AL DISEASE OR CO	NDITION GI	VEN IN PART 10	
RDS,	squir sig Then to b		NO	1012	Sound	Orthe	1	molic	voorla	()	lisene			
0	beer mit.	10	CERTIFICATION	19a. DATE OF OPERA	ATION	196. COND	ITION FOR W	HICH OPERATI	ON WAS PERFORMED		200 AUTOPSY?		S, WERE FINDIN	
IL RE	he lo on. hos r per ene l	7	TIFIC							12.79	YES NOT		FYING CAUSES ES	OF DEATH?
ZIV	physici physici tificate l-transit al Hygi m 18 sh	13	CER	210. ACCIDENT WAS UN	_	21b. TIME O		H DAY YEA	21c. HOW INJURY	OCCURRED	ENTER NATURE OF IN	IURY IN ITEM 18	PART I OR PART 2)	
O	SICIA ng ph certifi rrial-tr ental	9	AL	OR CONTRIBUTING		Ain	M. MONTH	H DAY YEA						
0 N	HYS ndin his c bur d Me	1	MEDICAL	21d INJURY OCCUP	RED		OF INJURY		211. LOCATION		a CITY OR	MM	COUNTY	STATE
IVIS	atter the sthey and street		×	AT WORK NOT W	ORK .	(AT HOME, ST	REET, FACTORY, O	OFFICE, FARM, ETC.)	1		1		-	317.10
۵	ADIN Or Se of the ealth			220.1 certify that				from X	reste 11 19	0	10 Amy	10	1905	those (we) lost
	prior prior for t			sow the teceo	sed affive or	studew the body	ofter death	1900	and that in (my (gur)	opinion dec	oth occurred on the	date and ha	ur and from the	couses stated
	hos hed hed ept.			226 SIGNATURE		//	arrer severic	-	DEGREE				22c. DATE	SIGNED
	AL O AL D Jetoc ate D IT: If			den	7 mm	1/40	num	- me	ATTEN PHYSI	DING CIAN DA	MEDICAL ST	AFF ICIAN [1-10	185
	TO HOSPITAL (retained by the TO FUNERAL I should be deta with the State I IMPORTANT: If	1		22d. PHYSICIAN'S		VRUNIN			3720 FAR	PAGIT	AUE VE	NETHET	ON, MD	
	HO FUI			אאראשם	ATM W	IVKUNIN			3720 FAR	Moul	AVL. No	NOTINGI	ON, MU	
	To she she		23 u. 8	URIAL, CREMATION	REMOVAL	23b. DATE		23c NAME OF	CEMETERY OR CREM	ATORY	23d. LOCATION		40	
	BP		1	BURIAL		1/13	/83	MT. O	LIVET CEME	TERY	WASHI	NGTON.	D. C.	STATE
-	DHMH - 16 50M 4/8	,	24 FL	NERAL DIRECTOR	FRANC1	S J. CO	LLINS			25a. DATE R	REC'D. BY REGISTRA	R 25b. REGIS	TRAR'S SIGNAT	JIRE •
	(VRA 15, 4)		500	UNIV.BLU	D., W.	, SILVER	SPRIN	G, MD. 2	0901	JAI	1 3 1983	1000	moh	mary



	1 -	FOR STATE REGISTRAR	DEPARTM	STATE OF MARTLAND IENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 3 C	11987					
60	TYPE	CEASED NAME FIRST OR PRINT) Maria	J.	Cox	1 - 15 -	DAY YEAR 2b. HOUR 5 2 M					
TAN	3 SE	Female	Caucasian	5. DATE OF BIRTH MONTH 10 - 30 - 90	6. AGE (IN YEARS LAST BIRTHDAY) 92 YRS.	MONTHS DATS HOURS MIN.					
of once.	1	Pirainia	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgome	y County MD.					
by the fune filed within	R	ockville, Md.		dventist Hospital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF UNKNOWN - ref	4 1 2					
filled in could be	13a. S			Durg YES NO 1		luenue 20877					
completely 1 and 2 sh	14. FA	THER NAME FIRST NAME	AIDDLE LAST Lawson	J 15. MÖTHER'S MAIDEN NA	Unknown	LAST					
Poges	(1	VAS DECEASED EVER IN U.S. ARA VES, NO OR UNKNOWN) (IF YES, GIVE O KNOWN	WAR OR DATES)	17 INFORMANT HOSPITAL C	hart -						
signed by the ottending physicior. Then please remove corbon popers: to buriol, cremotion, or removol. njury, or other troumotic event, the	7	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT C	BETWEEN ONSET AND DEATH 3 Way 5 HOUND S								
mit. I	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH?					
is certificate has burial-transit per Mental Hygiene par Item 18 shows or Item		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	10	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18.	PART I OR PART 2)					
After this o	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE					
DIRECTOR: Afoched for use a Dept. of Health		22a. I certify that (1) (this hospital) attended the deceased from 19 4, to 1/3, 19 83, that (1) (we) lost sow the deceased alive an 1/3, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.									
A A L		226. SIGNATURE ROLLET	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1/13/83								
etoined by the Should be det with the Stote		Robert M	lillman, w	15ED-erf	Perk Dr Gaith	ers burg, med					
® ₽ ₩ 3 3	230.	Burial CREMATION, REMOVAL Burial		AME OF CEMETERY OR CREMATORY Carmel Church Ce	m. Sunshine Mon	tgomery Md.					
AH - 16 50M 4/82 (VRA 15, 4)		TAMBARILL S. Sartner Sandison	F. H. Gaithers	Diamond Ave., 250. DAI	TE RECID. BY REGISTRAN 1996 GIST	Lahiel					

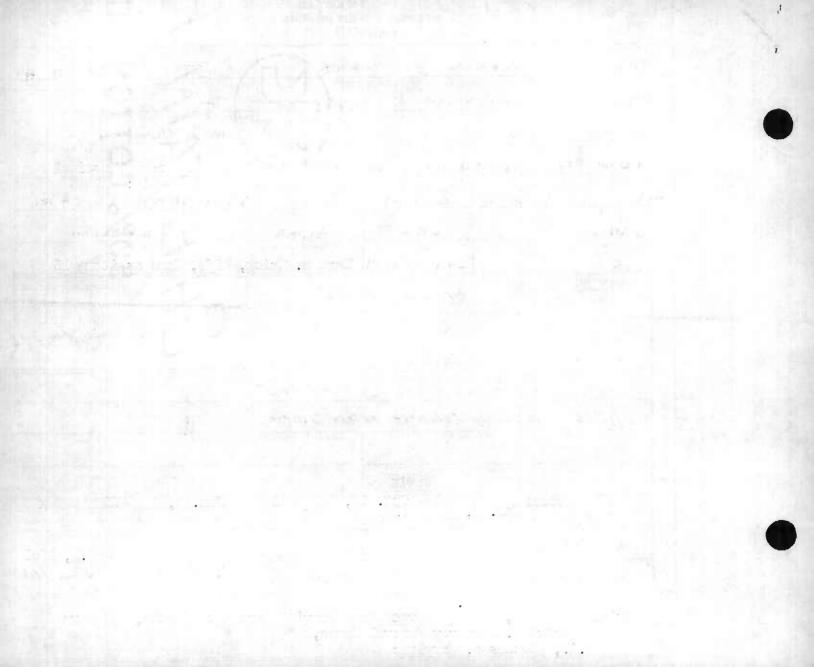
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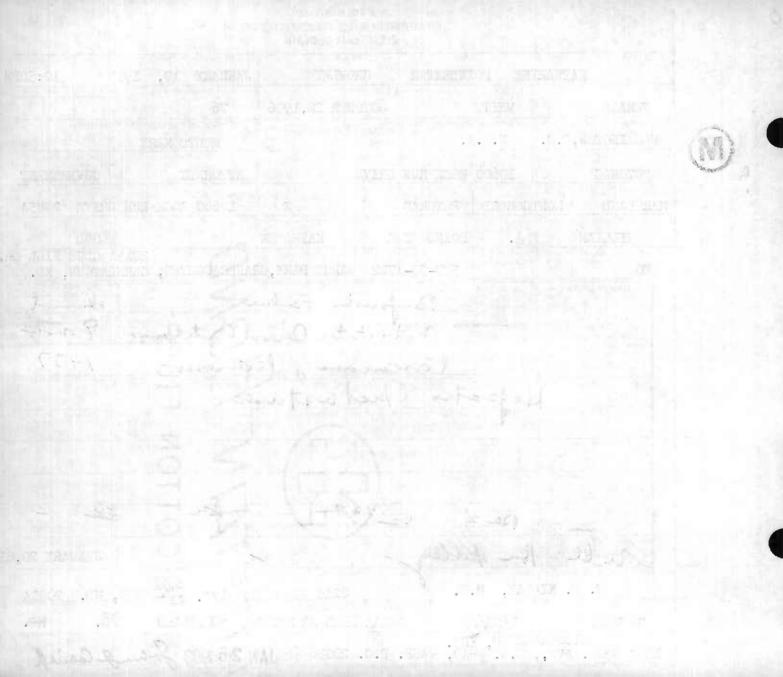
Anna De norda - nacest i sustitui - sesse 1/13/10 : Welleterens en. I Twilesham gu Me. Br. 7 - 1 - 1

	1	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		0	1 9	8 9
		CEASED NAME FIRST	M	IDDLE	L	AST	REG. N 2a. DATE OF DEATH	MONTH DA	Y YE AR	2h HOUR
		JAMES	VERNO	No	C	RICK	Janua	ary 3.	- 83	1100
	3. SE		4 RACE		S. DATE C		6 AGE (IN YEARS LAST BE	RTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
		MALE	CAUCA		March		74	YRS	0213	TIOURS MIN.
19	_	IRTHPLACE STATE OR FOREIGN COUNTRY)	76 CITIZEN OF W		MARRIE WIDOWE	NEVER MARRIED DIVORCED	MONT	GOME		
771	10 C	TAKOMA PK	11. NAME OF HO	OSPITAL, NURSIN FACILITY, GIVE STREET	ADV	PROTHER INSTITUTION	12d USUAL OCCUPAT LITYPE OF WORK FOR MOST Chief Engi	ION OF WORKING LIFE)	12b. KIND O	
BS		AL RESIDENCE (IF NURSING HOME O STATE OU	ROTHER INSTITUTION GINTY	13c. CITY OR TOW		13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS	Zip:	2104	
IBC	14 F.	DAN IEL	MIDDLE	CRIC		15 MOTHER'S MAIDEN NA	ME MIDDLE	DICK	ELSON	j
Color			VE WAR OR DATES	166 SOCIAL SECL		17 INFORMANT	ADDR		• 4	417
-	-	NO 18 CAUSE OF DEATH (Enter 5)				Clara H. Cri	CK, Wife, S	ame as		#13
ene prior to burial, cremintor, or or or ony only injury, or other true-ort	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse lot, stating the underlying couse lost. PART 2. OTHER SIGNIFICANT EXTENSIVE 19a DATE OF OPERATION 11/15/82	DUE TO, OR (c) CONDITIONS CON 196 CONDITIONS	ION FOR WHICH	ENCE OF DEATH BUT TSCVL/ OPERATION	NOT RELATED TO THE TERM ACCIDENT WAS PERFORMED TORY DISCASE		20b. IF YES, V	WERE FINDIN	IGS USED OF DEATH? NO
and Mental Hygiei		21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M	. MONTH D	AY YEAR	21c. HOW INJURY OCCUR				
alth and Me marked ar I	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF	F INJURY ET, FACTORY OFFICE F	ARM ETC)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
n 21 is		22a.1 certify that (1) (DXXXX saw the degreesed alive on above, (1) (1) (1) (1) (1) (1) (1) (2b. SIGNATURE	Jan 2	deceosed from 19 fter death.	83 . on	d that in (my) Xur) opinion of	, to	ote and hour o		
NT: # #c		N. Received, M.S. Attending Medical STAFF PHYSICIAN DIRECTOR PHYSICIAN								3, 1983
with the State Dept		S. NEIMAT,	40-			10313 GE	ORGIA IN.	Silve	R SPRI	NG, MD.
		Burial, cremation, removal (specify) Burial	6, 198	3 Gr	acela	emetery or crematory wn Memorial P	ark New Ca	stle, i	county Delawa:	re
A 1/81 4)	24 F	UNERAL DIRECTOR Rober P.A.,	t A. Pum Bethesda	phrey Fu , Maryla	neral nd	Homes, 250. DAT	N 6 1983	25b REGISTRA		shield

DHMH - 16 50M 1/81 (VRA 15, 4)



	1	FOR STATE REGISTRAR			DEPARTN	LENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REC	() G. NO.) 9	90
e €		CEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEAT		DAY YEAR	
page 3	2.61		THAR		INDEXTER	5. DATE C	ROWLEY	JANUARY	19,	1983	10:50P
after p	3. SI	FEMALE		4. RACE WHITE			OBER 28, 1506	76		MONTHS DAY	
		IRTHPLACE (STATE OR F			WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CIT	Y OR COUN	NTY OF DEATH	MD
	_	POTOMAC		(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET A ROCK RUN	G HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR ME	PATION OST OF WORKIN	G LIFE) INDUST	OF BUSINESS OR OVERNMENT
· 19 85	13a. M.	AL RESIDENCE (IF NURS STATE ARYLAND	13b. COU		GIVE RESIDENCE BEFORE 134. CITY OR TOWN POTOMAC	N	13d INSIDE CITY LIMITS? YES NO 🛣	13e. STREET ADDRE	ss ROCK F	RUN DRIV	/E 20854
ond 2 year		ATHER'S NAME WILLIAM		MIDDLE A.	POINDEXT	ER	15. MOTHER'S MAIDEN NA KATHLEEN	MIDD		FLOC	
Pages	160	WAS DECEASED EVER YES NO OR UNKNOWN) NO		RMED FORCES? VE WAR OR DATES)	577-50-		NANCY PARK,				UB HILL D
by requires into the death services been signed by the attendion the ermit. Then please remove carbonic e prior to burial, cremotian, at semi sony injury, or other troumati	CERTIFICATION	18 CAUSE OF DEAT PART I. DEATH W 1540 Conditions, if ony, gove rise to imm cause (a), stofin underlying couse PART 2. OTHER SIGN 19a. DATE OF OPERA	which nediote ig the last	TE CAUSE (0)	R AS A CONFEQUE R AS A CODEQUE ONTRIBUTING TO E	NCE OF	tatic Dres one J O NOTRELATED TO THE TERM N WAS PERFORMED	20a AUTOPSY?	20b IF	GIVEN IN PART YES, WERE FINIRTIFYING CAUS	DINGS USED
inding physicion this certificate he burial-tronsit p d Mentol Hygien dor Item 18 show	MEDICAL CERTII	21d. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR	CAUSE OF DE CALEXAMINE RED	R) P.	m. month da m.	19	21c HOW INJURY OCCUR 211 LOCATION STREET	-	_	YES 18 PART I OR PART 2	NO C
hospital or attending physical RECTOR: After this certifical the for use as the burial-troitept, of Health and Mental them 21 is marked or tem 18	W	while NOT WHAT WORK 220.1 certify that (1) sow the decease abave, (1) (1) 22b. SIGNATURE	(this hasp	ital) attended th	e deceased fram	16	d that in (my) (con) apinian		73	22t. DA	TE SIGNED
TO HOSPITAL Cretained by the TO FUNERAL Eshould be detected with the State Dimportant: If	230	BURIAL CREMATION	I. KI	LLAY, M	1. D. 23c N	IAME OF C	ATTENDING PHYSICIAN E	VSON AVE.	BETHE	ESDA, MI	
BP		CREMATION	J	1/20/			HILL CREMATO		LAND	°PG.	MD.
DHMH - 16 50M 1/81 (VRA 15, 4)	24 1	UNERAL DIRECTORI	CHAR AVE.	D RAPP, N.W.#	INC. ADRESSH	I. D.(250. DAT	AN 25 198	1//		Cohiela



NATES D.C. N.W. Washes, D.C.

FOR

DHMH-16 30M 2/80

(VRA 15, 4)

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5350 Lac. M.W. sv. och Offe

TEAMING 31 Constance Meners 13 145.24 61 Course is well tall for size as made Hyllett Tenstron Jeans 10 1/83/ 83

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FOR

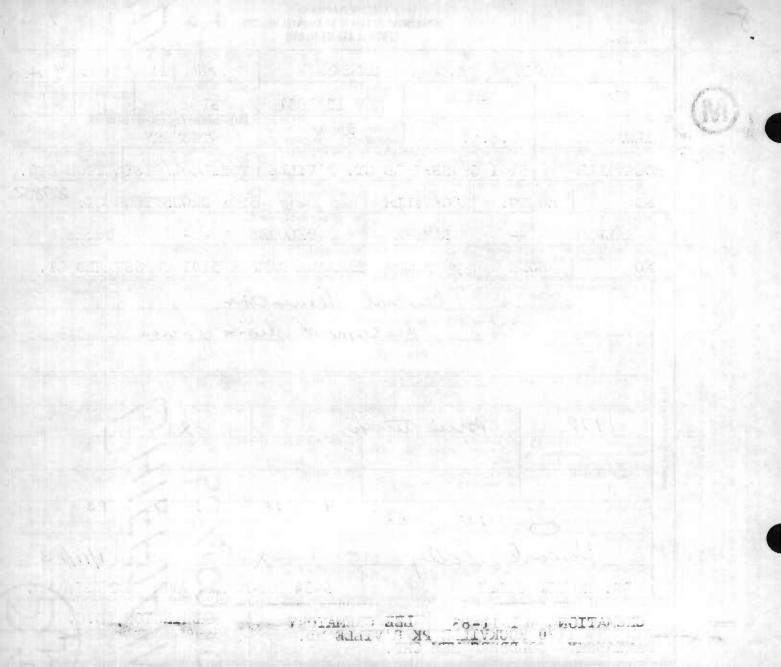
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DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



(VRA 15, 4) 1/79

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Jun. 10 1983 Geder Hill Commetory Bulliand Maryland.

Fix disc. ve., N. . ach., D.C.

		FOR STATE		PARTMENT	OF HEALT	MARYLAND H AND MENTAL I	0 0 0	1995
		REGISTRAR	WEI		MINER'S	CERTIFICATE (OF DEATH REG. NO.	
		CEASED NAME FIRST		MIDDLE		LAST		MONTH DAY YEAR 26. HOUR
NAME I	(1.0	HARRY	7	HEODOI	RE	DAVIS	OF ESTI-	111 1983 A M
The same of the sa	3_SEX	4. RACE	5. DATE OF BIRTH		(IN YEARS IF U	NDER 1 YR. IF UNDER	R 24 HRS. 2c. DATE MIN PRONOUNCED	MONTH DAY YEAR 2d. HOUR
IEASE'S		M CAUC	7 30	02 8		THIS DATS HOOKS	DEAD	1 11 1983 1040
1825年の人	7a. BI	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WE	AT COUNTRY?	8 MARE	RIED NEVER MARE	RIED 9 BALTIMORE CITY OR	COUNTY OF DEATH
MAZES COL		Maryland	United S		WIDON			MER County,
O Variation	1	TY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING CILITY, GIVE STREET ADD		HER INSTITUTION	12a USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE)	OR INDUSTRY
300 412	01	4BIN JOHN	6517	7845	1	1 2 13 1	Stockworker	U.S. Gov't
ANY DE AND 3 TE RETAIN POULD BY POULD BY PECORDS	13a. S		TY	13c. CITY OR TO		13d. INSIDE CITY CIMITS?	13e. STREET ADDRESS	4
the state of the s			GIMERY	CABIN	VO41)	YES NO	6511 10 3	₹ zip: 20818
ATH. ATH. NO.25 NO	14. FA	THER'S NAME FIRST	WIDDLE	LAST		15 MOTHER'S MAID		LAST
A SACRE	14 14		Available		CLIBITY NO.	17 INFORMANIT	Not Available	
PER PER IN	166. V	AS DECEASED EVER IN U.S. ARA	WAR OR DATES)	166 SOCIAL SE		Peggy L. I	Lane, Daughter,	
BALTIM IRS AFTER S. GIVE PR WITH FOR PAGES I DIVISION		No		<u>\$77-09-1</u>		203 Woodla	and Road, Rockvil	
# 0-03W		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED) BY:		4		m 13 0515	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
S H H H H H H H H H H H H H H H H H H H		4100 IMMEDIAT	L CV02L (0)	AS A CONSEQUE		IMRO	11/15/05/5	HOUTE
PRESTON ST TTHIN 24 HOU CIL IN ITEM II VER ALGNG ANSIT PERMI AL HYGIENE, REMOVAL		Conditions, if any, which				Autor	RIOSCLEROSIS	V.
WINE RAIL	-	gave rise to immediate cause (a) stating the under-	< (0,	ORONA AS A CONSEQUE		11/1/21	E103 CLE120373	175
201 W. UTED W. IN PEN.		lying cause last.	000,000	AS A CONSEGUE	NCE OF			
		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO OF ATH I	BUT NOT RELATED TO TO	IF TERMINAL OISEA	SE OR CONDITION GIVEN IN P	107.1 (a)	
DIVISION OF VITAL RECORDS, 2011 S CERTIFICATE SHOULD BE EXECUTED RITING THE WORD "PENDING" IN PI RECHIEF MEDICAL EXA EX 3 SHOULD BE USED AS A BURIAL. EDEPARTMENT OF HEALTH AND ME COT PRIOR TO BURIAL, CREMATION, (1)	Z		سـ		TE TERMITAL GIJEA	SE ON CONDITION ON EN IN T	ART 1 101,	
L CAN HEAD	CERTIFICATION	19a. DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATION V	VAS PERFORMED?		20 AUTOPSY?
DIVISION OF VITAL RE GERTIFICATE SHOULD RITING THE WORD "PE ROED TO THE CHIEF N RES SHOULD BE USED. EDEARTMENT OF HEL OF PRIOR TO BURIAL, O	E							YES NO D
OF V ATE S F WC I'HE C'D BE C'D BE	1 8	210 EXTERNAL CAUSE WAS	216. TIME OF		21c. F	IOW INJURY OCCURR	ED LENTER NATURE OF INJURY IN ITEM 18 PAR	
DIVISION OF IS CERTIFICATE WRITING THE W WELL TO THE GE 3 SHOULD TE DEPARTMEN 201 PRIOR TO 18		UNDERLYING OR CONTRIBUTING CAUSE OF I	1/2 114		YEAR F	OUND	IN BED	
VISION VISION THE THE TO THE THE TO THE	MEDICAL	21d. INJURY OCCURRED	21e PLACE C	OF INJURY (AT HO		CATION	CITY OR TOWN	
=>4054	*	AT WORK AT WORK		ome	65	77 780	SA CABIN JONA	Now TEday MA
- W - W		22a. I certify that I took charg	e of the remains des	ribed obove, held	lan Auta	psy , Inspection	on D. Inquiry B. and i	n my apinian
EXAMINER CERTIFICATI JUD BE FOR WITH THE	1		al couses	Acedent .	Suicide	. Hamicide .	Undetermined monner .	100
WITH BUILD B		T	01	6 /	1	TITLE (SPECIEX)	/	Jula
A H H H H H H H H		SIGNATURE COLOR	celle	411/1	10	M.D. Dept	MEDICAL EXAMINER	DATE SIGNED
NE TET TET TET TET TET TET TET TET TET T	1	EXAMINER'S NAME LO	P	MI		570	111. A.	R 20814
TO MEDICAL E EXECUTE THE O PAGE 4 SHOU TO FUNEAU, D AVITR DEATH, D BALTIMORE, M	-	(TYPE OR PRINT) TRA	vers C	11/14	448	ADDRESS	Uscarsa AUE	DETHESDA MID
522528	23a. B	URIAL, CREMATION, REMOVAL 2	O CLEE			OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP	24.5	Burial JNERAL DIRECTOR D 1	14, 1983				REC'D. BY REGISTRAR POLICE	mac, Maryland
DHMH - 17	24. F	NAME KODE:	rt A. Bum	-	ieral H	omes, 250. DATE	N 1 7 1083	2 Carrell
(VR A15 ME (5)) 15M 2/80		P.A., Roc	kville, M	aryland		JA	11 1 1000	

JAN 1933 Jan Schall

Robert A. Pumphrey Funeral Homes, PA FEB

Rockville, Maryland

FOR

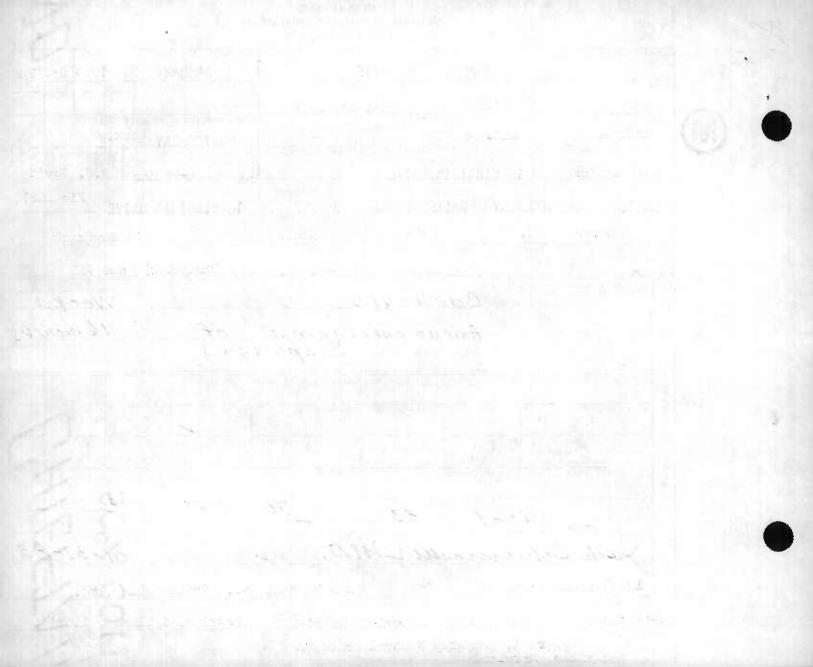
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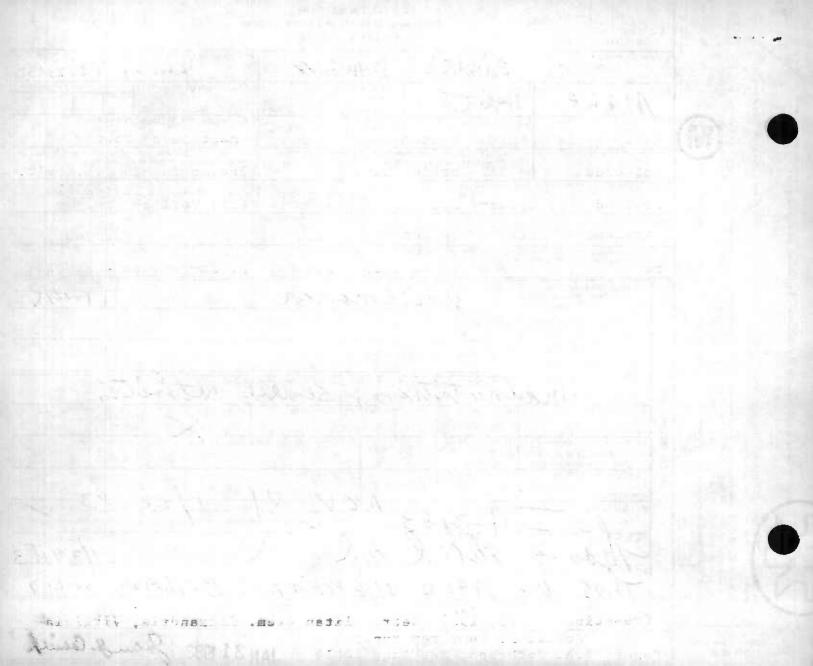
DHMH - 16 50M 4/B2

(VRA 15, 4)

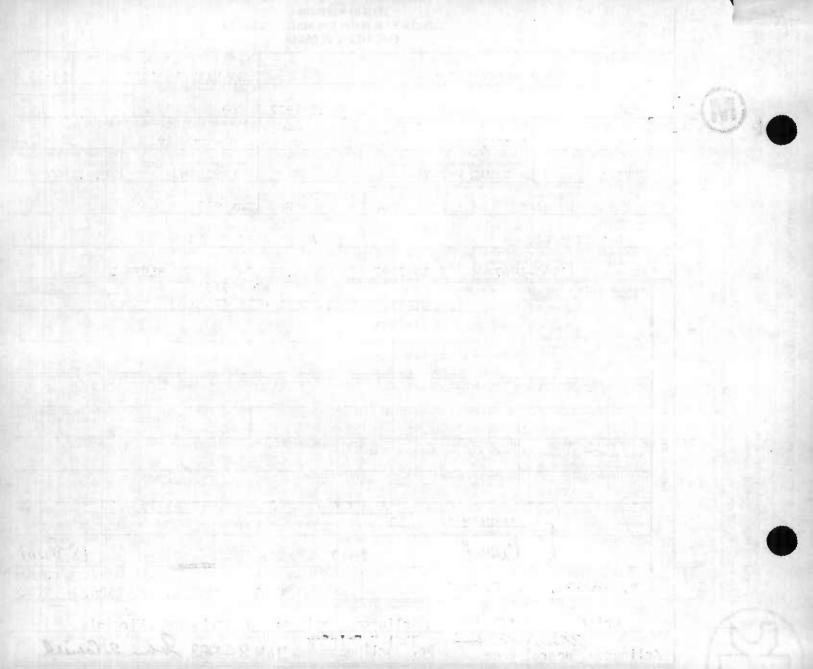
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

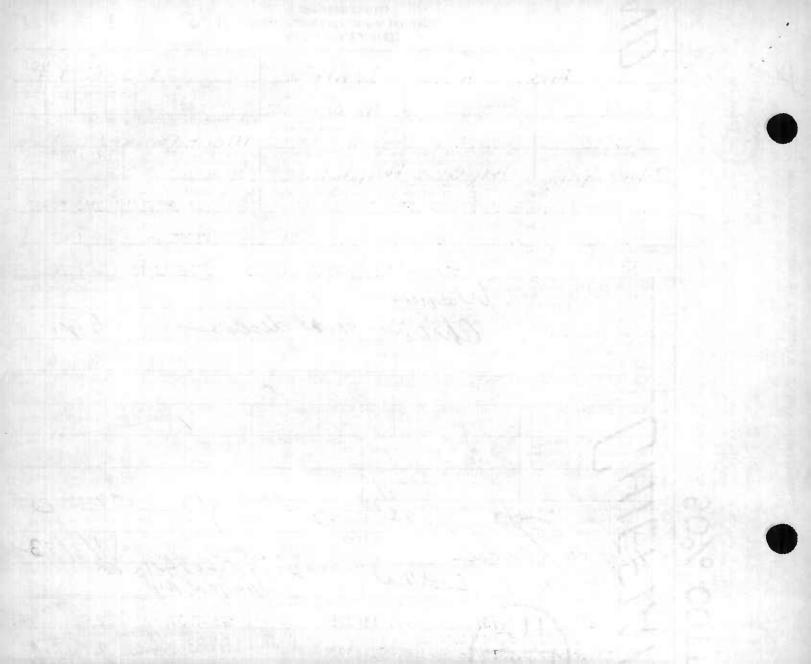




10	1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 3	0	1 9	9 8
		CEASED NAME	FIRST		MIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY	Y YEAR	26 HOUR
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DIVISION DING PHYS or offendin After this of the bur of the dod whe bur of the dod whe bur of the dod whe bur of the dod of the bur	MEDICAL	21d. INJURY OCCURRED			OF INJURY REET, FACTORY, OFFICE	FARM, ETC }	21f LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
HOSPITAL OR ATTENDING by the hospital or FUNERAL DIRECTOR: A uld be detached for use in the State Dept. of Heal ORTANT: if hem 21 is m		22e.1 certify that (1) (t) saw the deceased above, (1) (well did 22b. SIGNATURE 22d. PHYSICIAN'S NAW K.KARVELLI	AE (TYPE OR PR	TANUA Court	RY 16 19.	<u>83</u> , or		MEDICAL STAF DIRECTOR PHYSIC L HOSPITAL,	FF NAVAL 1	22c. DATE S	SIGNED 87 L COMMAND
0 th 5 th M	23a. E	BURIAL, CREMATION, RE	MOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	,		
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DHMH - 16 50M 4/82 (VRA 15, 4)		rlington Fu	Dec 24 neral	Home	~90°F3	901 N	Fairfax 1250 DAT	e rec'd. By registrar V 2 4 1983			ulf

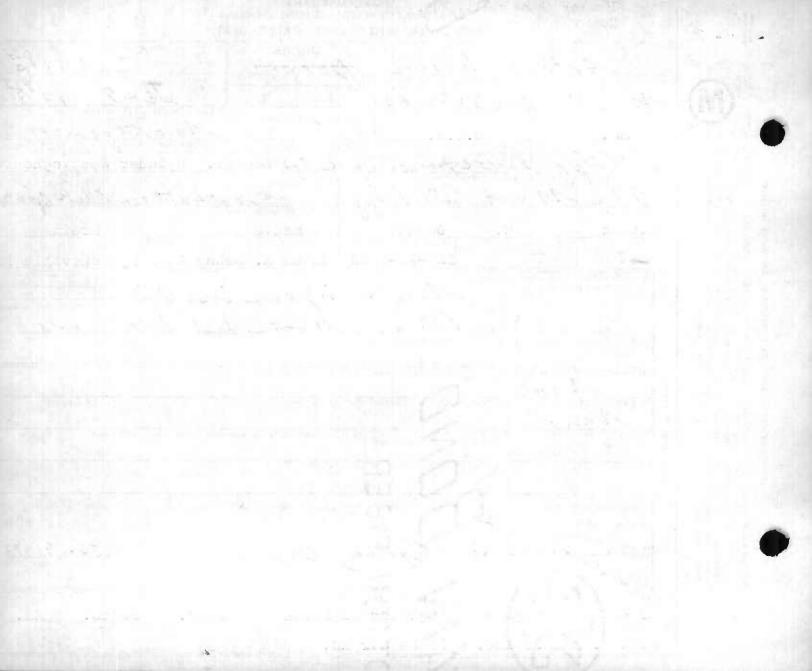


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	1	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	01777
/		ECEASED NAME FIRST	MIDDLE	1AST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
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othin 24 hour	130.	JAL RESIDENCE (IF NORSING HOME) STATE 13b COU	NTY 13c, CITY C	DR TOWN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
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physicii npaper mavol.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per line for (a)	, (b), and (c),)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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signe signe to buri	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION	GIVEN IN PART 110
been mir. If prior h	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
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hysicion ficote h fronsit Hygier 18 show	77	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR 21c HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
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PHY Hendi r this the bi and M	MED	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
DING or of After of th mork		220. I certify that (I) (this haspi	Tell attracted the deceased	from 120 10 8	1 11/3	82
R ATTENI haspital RECTOR: led for us pt. of He em 21 is		saw the deceased alies an	AL AMEN	1932 and that in my (aur) apinis	on death occurred on the date and I	, 19 , that (I we la hour and from the couses stated
2 2 7 9 F		226. SIGNATURE	and a gody offer death	DEGREE		THE PATE SIGNED
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TO HOSE TO FUN should b	200	MALLIAN			MATTON, MD	
BP	230.	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	1 /6/83	23c NAME OF CEMETERY OR CREMATOR FT. LINCOLN	Y 23d. LOCATION CITY OF TOWN BRENTWOOD	PRI GEO MI
	24. F	UNERAL DIRECTOR FRANCE	1	250. Q		PRI GEO MU
DHMH - 16 50M 4/82 (VRA 15, 4)		500 LINTU RIVO	W STIVER SP	RTNG MD 20901	AN 101983 /	an Q. Carriel



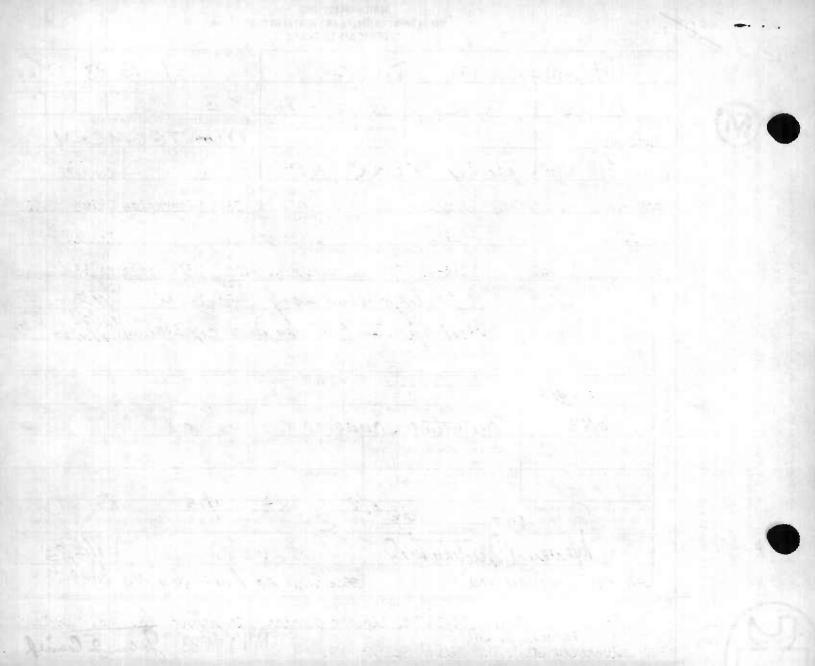
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PE PA	. '	orlops	24456	y Honoville	R1, Apt 126	Sr. Eng:		estinghouse
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E-29447)		ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDE	MIDDLE		LAST
35 36		Arthur WAS DECEASED EVER IN U.S. A	W.	Dehne 166. SOCIAL SECURITY NO.	Marie 17. INFORMANT		DRESS	Krein
S. GIVE PA WITH FOR I. PAGES DIVISION	{Y		VE WAR OR DATES)	214-18-3255				onsville Ro
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\$ \$ \$ J	CERTIFICATION	190 DATE OF OPERATION	re		NA C DEBEGRAPEDA			Ton
SE SE	FICA	196 DATE OF OPERATION	196. CONDIII	ION FOR WHICH OPERATION	WAS PERFORMED?			20 AUTOPSY?
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DEPARTMENT		UNDERLYING OR CONTRIBUTING CAUSE O	HOUR A.M.	MONTH DAY YEAR				
PRO	MEDICAL	214 INITIRY OCCURRED	21e PLACE O	. 19 DF INJURY (ATHOME, 211. L	OCATION			
2012	×	WHILE NOT WHILE AT WORK	STREET, FACTO	ORY, FARM, ETC.)	STREET	CITY OR TOWN	COU	NTY STATE
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FUNERAL ER DEATH		EVAMPLE		0) /-			
APTER BALL		TYPE OF PRINT			ADDRESS			
449		URIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF CEMETERY		23d. LOCATION CITY OR TOWN	COUNT	
_	_	urial UNERAL DIRECTOR	1-12-83	Gardens o		Balto.	Balte	
MH - 17		NAME	ADDRESS	Ale Delaie			L REGISTRAR S SI	GIVATURE
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	equir n sigi Then to b	injury,	NO	NI	NE									
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TIV:	physici prificote iol-tronsi		_	210. ACCIDENT WAS UN		110110	OF INJURY A.M. MONTH	DAY YEAR	71c. HOW INJURY	OCCURRED	(ENTER NATURE OF INJU	JRY IN ITEM 18 PA	ART I OR PART 2}	
O Z	certi certi certi	or Item	MEDICAL	(IF EITHER, NOTIFY MED	ICAL EXAMINER)		OF INJURY	19	21f. LOCATION					
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AIQ S	Afre e os t	nork		22a-1 certify that	JRK	ol) attended t	the deceased fr	om /	18 10	83	10 1/13		19.85 that	t(1) We) lost
	or us	.s		sow the decea	sed olive on	1/13		and a	nd that in (my) (our)	opinion deo	th occurred on the c	date and hour		
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	the the letocl		14	A	Lever	U/1	ulery	MIL	ATTEN	DING CIAN	MEDICAL STA		1/13/	PS
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	(VRA 15, 4)		56	10 Univers	ity Bl	va., W.	Silve	r Sprin	g, MV.		1 1000	100	0	



PRESTON ST.

DIVISION OF VITAL RECORDS,

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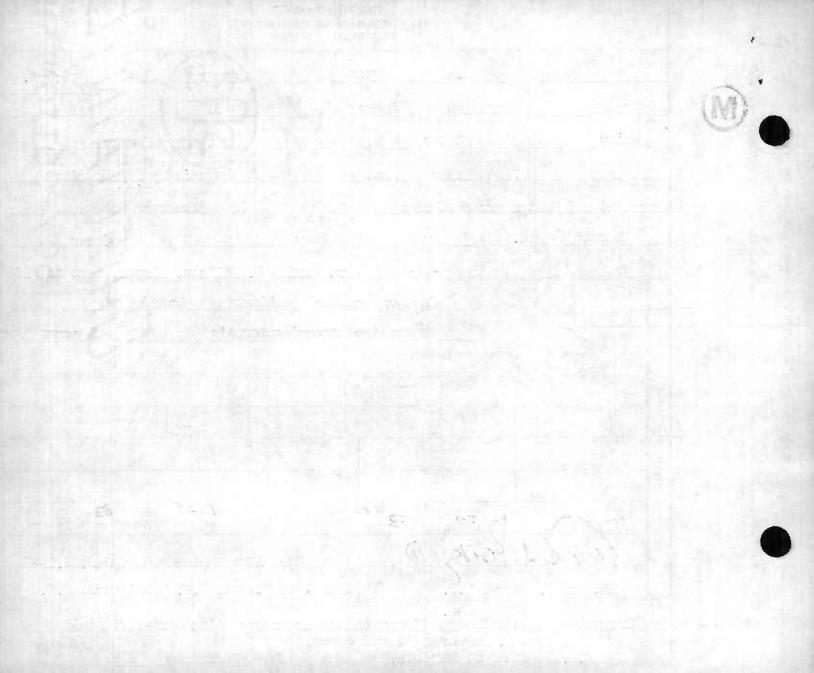
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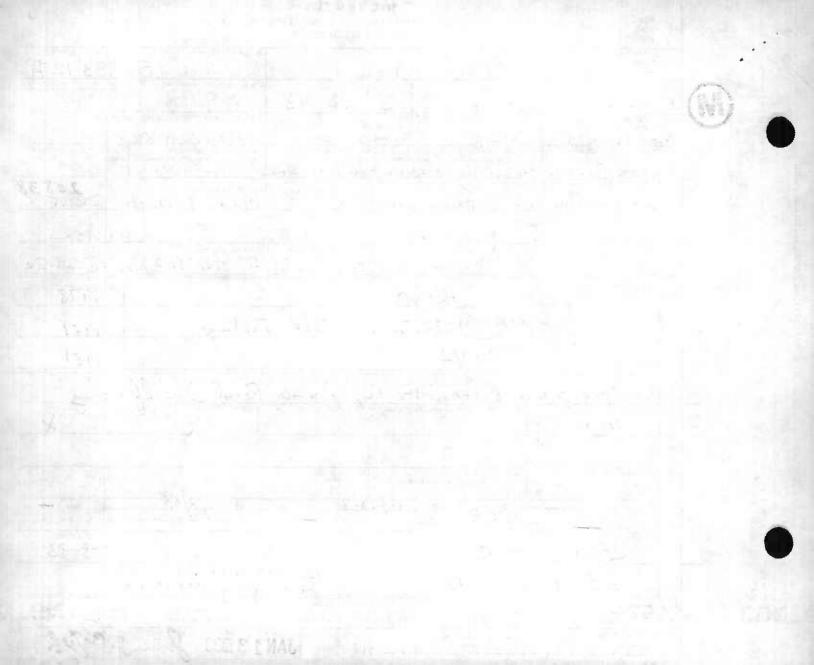
. Carl . modernichen

DHMH - 16 50M 1/81 (VRA 15, 4)

	1-	FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND SEALTH AND MENTAL HYG SICATE OF DEATH	IENE 3	0 2	0	05
		CEASED NAME	FIRST	110,570	WIDDLE		TAST T	28 DATE OF DEATH		YEAR	2b. HOUR
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	3. SE	X		4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIRT		NDER I YEAR	IF UNDER 24 HRS HOURS MIN.
П	40.1	Female		Caucas	ian		st 23, 1891	91	YRS.	INS DATS	HOURS MIN
1		IRTHPLACE (STATE OR	FORE:GN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	7 1 1 1 1 1 1 3
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2	10 CI	ITY OR TOWN OF DE	ATH	11. NAME OF I	HOSPITAL, NURSIN	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF		126. KIND O	F BUSINESS OR
10		ethesda		7604 G	1enbrook	Road		Therapist		Hospi	ital
OC	130. 5	AL RESIDENCE (IF NUR	13b COU	ROTHER INSTITUTION NTY	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	zip:	20	814
Ú		ryland	Mont	gomery	Bethesda	1	YES XI NO 🗆	7604 Glenb	rook Ro	pad	
10	14. F.A	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WE		I AS	ī
W		Albert		E.	Dyer		Mary			Spear	<u> </u>
1		VAS DECEASED EVER		MED FORCES?	16b. SOCIAL SECU		17 INFORMANT	ADDRE			
		No			004-09-2	2109	Mrs. Marion D	. Willson,	Sister,		as #13
	CERTIFICATION	Canditions, if any gave rise to improve (a), stofis underlying cause PART 2 OTHER SIGNATURE OF OPERA	, which mediate ng the e lost.	DUE TO, O	R AS A CONSEQUI GENE R AS A CONSEQUI	ENCE OF TALIZENCE OF	ed Arterioscle NOT RELATED TO THE TERM N WAS PERFORMED	erosis	DITION GIVEN	IN PART 110	
7	IFIC.	THE DATE OF CIERA	11014	170 COND	INDIVIOR WHICH	OFERATIO	WAS PERFORMED		IN CERTIFYIN	G CAUSES	OF DEATH?
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1	-	OR CONTRIBUTING		SIB	M. MONTH DA						
-	MEDICAL	(IF EITHER NOTIFY MEDI 21d INJURY OCCUR WHILE NOT WE AT WORK AT WO	RED	21e PLACE		19 ARM ETC)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		22a.1 certify that (I)	(this hosp	ital) ottended th	e deceased from_	196	19		, 19	23_	that (I) (we) last
9			ed alive on	ti view the body	otter depth.	, 01	nd that in (my) (aur) apinion o	death accurred an the da	ite and haur or		couses stated
		27% SIGNATURE	/	, V		9 7	DEGREE			22c. DATE	SIGNED
		lecte	and a	2 Hon	RS W		ATTENDING PHYSICIAN X	MEDICAL STAF		Jan 2	25 1983
1	Maj	274 PHYSICIAN'S N	AME (INM	(Interval)	(22e ADDRESS				
		Richar	rd B.	Perry,	M.D.		1145 19th St	reet, N.W.	Washing	gton,	D.C.
	23a B	BURIAL, CREMATION,	REMOVAL	23b DATE	Jan. 23c t	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	c	DUNTY	STATE
		Crematic	n	25, 19		etropo	litan Cremato	ry Alexand	ria, Vi	rgini	ia
	24 FL	UNERAL DIRECTOR	Rober	t A. Pu	mphrey Fu	mera1	LIUMCS.	E REC'D. BY REGISTRAR	756 REGISTRAR	SSIGNIAT	URE
		D A	Y	athorda	Mamilar	h	141	1271983	10mg		



1 - ST		DEPARTA	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HY	GIENE 8 3	02006
	GISTRAR		CERTIFICATE OF DEATH	REG. NO.	
I DECEAS	SED NAME FIRST	MIDDLE	LAST	2R DATE OF DEATH MON	ITH DAY YEAR 26 HOUR
t E	CEANOR	Kingsbury	DYSON	JAN	8 1983 12 AM
3 SEX		4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YEAR IF UNDER 24 HRS
	IAL6	WHITE	3 26 93	8 4	YRS.
COUNT		76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR C	OUNTY OF DEATH
MAI	ZYLAND	USA	WIDOWED DIVORCED	MONTGON	
\$70 SILV	RTOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	GHOME OR OTHER INSTITUTION ADDRESS)	12R USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	
13e STATE	SIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) N \$134 INSIDE CITY LIMITS?	13e STREET ADDRESS	20838
TV(N/C	CYCAND MOI	UT. BROOKVI	UE YES NO □		KONA DRIVE
1350	FIRST	. KINGS BUR'	FIRST	MIDDLE	WALTER
E 160 WAS I	DECEASED EVER IN U.S. ARD OR UNKNOWN) (IF YES, GIVE		RITY NO 17 INFORMAND E. 1	ADDRESS	SAME AS 13 SIL SON
: c	AUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause per line for (a), (b), and D BY:	frict.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rauma	4292	DUE TO, OR ASUA CONSEQUE	CEOF 7/0	F- 1	
ਦੂ go	nditions, if ony, which we rise to immediate use (0), stating the	(b) Dashrol	1	teedings	1981
	derlying cause last	DUE TO, OR OS W CONSEQUE	NCE OF		1981
PAR NO PAR	12 OTHER SIGNIFICANT O	A	EATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITI	ON GIVEN IN PART 1/0:
N 196	DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY? 78	L FRES, WERE FINDINGS USED
CERTIFICATION S any 140 (Nime			YES NO NO	YES NO A
60 / 000	ACCIDENT WAS UNDERLYING TO CAUSE OF DEA	TH HOUR A.M MONTH DA	Y YEAR	RED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)
is U	ITHER, NOTIFY MEDICAL EXAMINER)	P.M. 21r. PLACE OF INJURY	21f LOCATION		
marke with the market	ILE NOT WHILE AT WORK	LAT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
7	saw the deceased alive on	ral) attended the deceased from	61/13/7X 19 19 opinion	death occurred on the date of	19, that (I) twe lost
	above, (I) (washed) (did no	t) view the body after death.	DEGREE		22c. DATE SIGNED
= = =	BPatrick	IM	ATTENDING S	MEDICAL STAFF	
MPORTANT IN 1916	PHYSICIAN'S NAME (TYPE O	PRINTI THE EEL MO	no ADDRESS 221 Co	led ville Ru	
	I COS S. COLL DE COLL.		ANE OF CENETIES OF COLUMN	Spring Md 2	07/0
(SPECIF	LL, CREMATION, REMOVAL BURIAL	1/10/83	PARKLAWN CEMETERY	ROCKVILLE	COMUNT MID.
	ALDIDECTOR FUANC	IS J. COLLINS	25- DA	E REC'D. BY REGISTRAR	DECISTRADIS CIONATURE

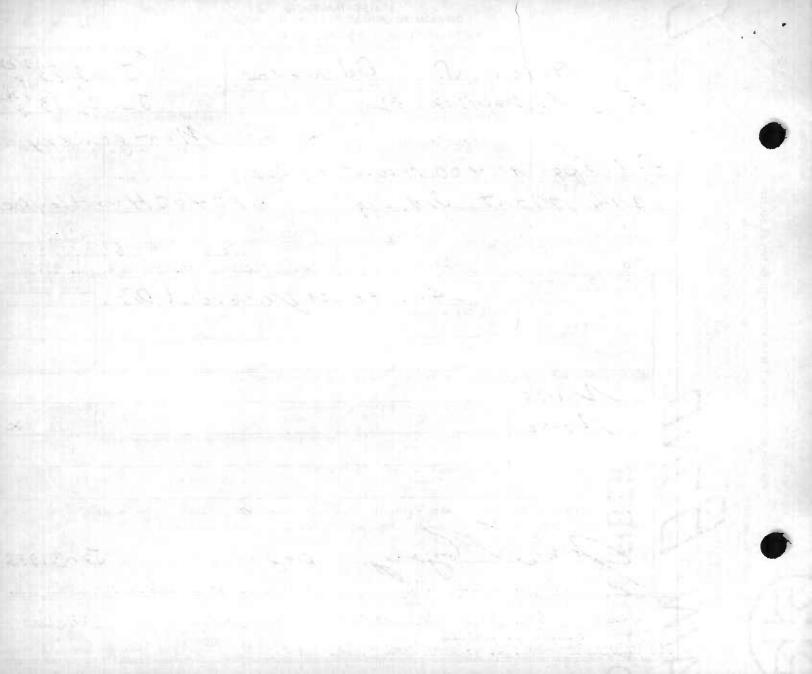


- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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			FOR STATE	D	EPARTMENT OF HEALT	H AND MENTAL HY	GIENE 5	0 2 0 0 0
11.			REGISTRAR	MED	ICAL EXAMINER'S	CERTIFICATE OF	DEATH REG. N	10.
Q.			CEASED NAME FIRST		WIDDLE	LAST	Za. DATE KNOWN	
W 02' 03	T.	(14)	E OR PRINT)	11 1	P Ex	111211	OF ESTI-	7 9100320
PLEASE CTOR.	REE	3. SE)	4. RACE	5. DATE OF BIRTH		NDER 1 YR. IF UNDER 24	4 HRS. 2c. DATE	MONTH DAY YEAR 24 HOUR
S. S	NZ		F. W.	MONTH DAY	1800 87 YES	THS DAYS HOURS	PRONOUNCED DEAD	Jan 2 1983 276
A AL D	ZISO2	7a. B	RTHPLACE ISTATE OR	7b. CITIZEN OF WHA	T COUNTRY?		9. BALTIMORE CITY	
S NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES.	一点	FO (/	reign country) irginia	11 0	A. WIDO	Arr	- AA	7.
N S N	Q. ≥	10. C	TY OR TOWN OF DEATH		ITAL, NURSING HOME, OR OT		20. USUAL OCCUPATION (TY	PE O YORK 12h KIND OF BURINESS
A E	画をして	6	SI San	1 10000	LITY, GIVE STREET ADDRESS)	2/2.21	FOR MOST OF WORKING LIFE) Sales	OR INDUSTRY
_(##	S S S			E OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSION)	NeyAVE		20902
AND AND RETAIN	SECTO	13a. S	TATE 136 COL	Pant.	13c CITY OR TOWN	YES NO NO	Se STREET ADDRESS	4 untleuse
	P SS	14. F/	THER'S NAME		- 17	15. MOTHER'S MAIDEN	NAME	7, 14
			William	H.	Taylor	Gertrude	WIDDLE	Wilson
2 ~ 4 8	_ ~	16a. V	AS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECURITY NO.	17. INFORMANT	niece ADDRES	5228 Charlie DR.
AFT FREE	05	(1	No No	VE WAR OR DATES)	577-05-7697	Dorothy Pir		stown. Md. 21136
. O >	T. PA		18. CAUSE OF DEATH (Enter	anly ane cause per line fo	or (a), (b), and (c).)	, , , , , , , , , , , , , , , , , , , ,	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
5 010	PERMIT. SIENE, L		PART I DEATH WAS CAUS	SED BY:	Acute	MILOI	cardial 6	BETWEEN ONSET AND DEATH
PRESTON ITHIN 24 H CIL IN ITEM	TRANSIT PERMI INTAL HYGIENE, OR REMOVAL.	-7	429/mmed		S A CONSEQUENCE OF	7		
THIN	RANSI ITAL H R REM		Canditians, if any, which					
W. W	AL-TRA MENTA N, OR I		cause (a) stating the unde	< ''	S A CONSEQUENCE OF			
201 W. PRE UTED WITHI IN PENCIL I EXAMINER	IN ON,		lying cause last.	(c)				
A GGO	AND	34	PART 2 OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PART	1 (a).	
RECORDS, D BE EXECT PENDING, MEDICAL	ED AS A E HEALTH AL, CREW	NO	1/8	ne				
JUD JUD	SED A	ATI	190 DATE OF OPERATION	19b. CONDITIO	ON FOR WHICH OPERATION V	WAS PERFORMED?		20 AUTOPSY?
< 00≡	의 노 등	TIFIC	Non	140				YES NOW
OF VIT. ATE SHORI THE CH	OFF	CER	210 EXTERNAL CAUSE WAS	21b. TIME OF I	MONTH DAY YEAR	OW INJURY OCCURRED	LENTER NATURE OF INJURY IN ITEM 18	B PART 1 OR PART 2)
ONO PIECA TO THE	E 3 SHOULD BE LEDEPARTMENT COROR TO BUR	MEDICAL CERTIFICATION	UNDERLYING OR CONTRIBUTING CAUSE O		19			
DIVISION IS CERTIFIC RITING TH	3 SH PRI	EDI	21d. INJURY OCCURRED	21e PLACE OF STREET, FACTO	INJURY (ATHOME, 211 LC	OCATION STREET	CITY OR TOWN	COUNTY STATE
D NXX	지 본 있	Σ	AT WORK AT WORK	O SARET FACTO	AT. PARM, ETC.)	STREET	CITORIOWN	COUNTY
IER: THI ZATE, WA			22a I certify that I taak cha	rae of the remains descr	ibed abave, held an Auto	psy , Inspection	Inquiry , a	ind in my apinian
NN SECTION	L DIRECTOR: 1, WITH THE S MARYLAND,	1		tural causes	Accudents . Suicide		Undetermined manner	no in my opinion
SAMI ERTIFI	IREC MITH ARY		11	001		TITLE (SPECIFY)		
CAL EXA	H. W.		ACTUAL SIGNATURE	11	ogen.	up Dep u	MEDICAL EXAMINER	DATE JON 219F2
S는 등	OR CALL	15			0	0	- THEOLOGIC EXAMINER	3101110
TO MEI EXECUT PAGE 4	SE SE	HER	(TYPE OR PRINT) Joh	n S. Rogers	. M.D.	ADDRESS 1919 S	Seminary Road	Silver Spring, Md.
288	TO FUNERAL DIRECTORY AFTER DEATH, WITH THE BALTIMORE, MARYLA	23a.B	URIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF CEMETERY		23d. LOCATION	COUNTY STATE
BP		1	Burial	Jan. 4. 1983	Chestnut Gro	ve Cemeteru		Virginia
	H - 17	24 F	NERAL DIRECTOR Franc		ns		C'D. BY REGISTRAR 25 REG	GISTRAR'S SIGNATURE
	5 ME (5))		O University B			Id JAN	6 1983	and takell



1-	FOR STATE REGISTRAR	DI	EPARTMENT OF	HEALTH AND MENTAL H		02009
	On he	MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(ITPE	Ber	ijamin Sarge	nt Ell	iott	January 22, 198	33 10:15P M
3. SE		4 RACE	5. DATE		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
	male	Caucasian			89 YR	
7s. B!	RTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COL	JNTRY? 8	NEVER MARRIED		
Wa	shington, D.C.	United State	es widow	-	- Montoonor I	ounty MD.
		(IF NOT IN SUCH FACILITY, GI	IVE STREET ADDRESS)	-1	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Engineer	126. KIND OF BUSINESS OR INDUSTRY J.S. Government
USU/ 13a. S	AL RESIDENCE (IF NURSING HOME COLLIANS TATE	R OTHER INSTITUTION GIVE RESIDEN			113. STREET ADDRESS Zir	Code: 20910
Ma	ryland Mont	gomery Silve	er Spring	YES NO	1006 South Mar	sion Drive
14. FA	THER'S NAME			15. MOTHER'S MAIDEN N	IAME	LACT
	Dellwood Ke			Anna	Louise	MacLellon
		RMED FORCES? 166 SOCIA	AL SECURITY NO.	17. INFORMANT (Wif	e) ADDRE 1006	S. Mansion Dr.
	Yes WW	I 214-3	34-7009	Marguerite A	. Elliott, Silve	er Spring, MD
	18. CAUSE OF DEATH (Enter o	inly one cause per line for (a)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			PA	EUMONIA		15 DAYS
-	4260		NSEQUENCE OF			
/	Canditians, if any, which	((b)	102002110201			
	gave rise to immediate cause (a), stating the	DUE TO OR AS A COL	NSECLIENCE OF			
	underlying cause last.	(c)				
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BU	NOT RELATED TO THE TEL	RMINAL DISEASE OR CONDITION	GIVEN IN PART TO
ON ON	AZOTEMIA	, ARTERIOSC	LEROTIC	HEART DISE	ke	
IFICAT	190. DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	INCER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
CERT	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCU		
		CAIR		-		
DIC	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION		
ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY	OFFICE, FARM, ETC.)	STREET		COUNTY STATE
	sow the deceased alive a above, (I) (we) (did) (did n	at) view the bady after death	19 <u>35</u> , c		n death accurred an the date and	
	226. SIGNATURE	911		DEGREE	MEDICAL CYASS	22¢ DATE SIGNED
	lahours	Aleur	WP		DIRECTOR PHYSICIAN	1-23-83
	22d. PHYSICIAN'S NAME (TYPE	OR PROST	M.D.	1106 SPRING	st, siver s	PRING, MD. 20910
220 0	URIAL, CREMATION, REMOVA	L 23b. DATE Tanuam	V 23t. NAME OF	CEMETERY OR CREMATOR	23d LOCATION	
230. 0		COMMITTEE				COLUMN COLUMN
Ć	remation	236. DATE January 23, 1983			ory Alexandria	Virginia
24. FL	remation Neral director Robert A. Bethesda.	t A, Pumphrey			ory Alexandria ATE REC'D. BY REGISTRAR 256. RES	Virginia
	WEDICAL CERTIFICATION MEDICAL CERTIFICATION Ma: 10 CI 10 C	1- STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) 3. SEX 70. BIRTHPLACE I STATE OR FOREIGN COUNTIEN) WASHINGTON, D.C. 10. CITY OR TOWN OF DEATH SIVEY SPINO USUAL RESIDENCE (IF NURSING HOME OF SUN STATE NAME FREST) 14. FATHER'S NAME PEST DE11WOOD KE 16. WAS DECEASED EVER IN U.S. ALL 1755. NO OR UNKNOWN) 18. CAUSE OF DEATH LENTER OF PART 1. DEATH WAS CAUSI (IF YES, NO OR UNKNOWN) 19. Canditions, if ony, which gave rise to immediate cause lol, stating the underlying cause lost. PART 2. OTHER SIGNIFICANT AZOTOMIA 190. DATE OF OPERATION 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF THE PARTY OF THE PARTY	Deceased Name First Middle Sarge 3. Sex Caucasian 76. BIRTHPLACE I STATE OR FOREIGN COUNTRY) Washington, D.C. United Stat. 10. CITY OR TOWN OF DEATH SILVEY STATE OR FOREIGN COUNTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENTS IN AME FIRST MAME FI	TO BEPARTMENT OF THE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) 1. DECEASED NAME (TYPE OR TYPE OR TYPE OR	DECEASED NAME FRS1	DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE STA

Territorial Transfer March 1997 Colonia Landon 1998

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		OR STATE				MENT OF					. 0		U	6	UI	U
		REGISTRAR	FIRST	ME	MIDDLE	EXAMIN		ERITIC	CATEO			REG.				
		CEASED NAME OR PRINT)								20	OF	KNOWN ESTI-	77	ONTH D	DAY YEAR	
	3. SEX		Eile	en J	Rachae	6 AGE (IN YE		nger	Lie con in sin o	244105		MATED	<u> </u>	1/23	19 8	
			0.07	MONTH DAY	YEAR	LAST BIRTHD	AY) MONTH		IF UNDER 2		RONOU	NCED	MO		781	6:56
1		male	White	Jun. 28,	1922	60 YE	RS.		l l		DEAL		Y OR CO	1/23	19 8	3 P. M
71	FOI	EIGN COUNTRY)	ATE OR	TO CITIZEN OF W	HAT COUN	IKT			VER MARRIE				_			
-	10 CI	YORTOWN	OF DEATH	II. NAME OF HOS	EDITAL NILI	DEING HOME	WIDOW		DIVORCE			ontgo			unty KIND OF B	MD.
				(IF NOT IN SUCH FA	ACILITY, GIVE ST	REET ADDRESS)				FOR MO	ST OF WO	RKING LIFE)	(TYPE OF W	/ORK 120.	OR INDUS	TRY
1		ockvil		5112 OR OTHER INSTITUTION, G		awn Ter		, #20	1	House	ewif	e		205		
	13a. ST	ATE	13b COUN	ITY	13c. CITY	ORTOWN	-	13d INSIDE CI		13e. STREE				208		
+		ryland	Mon	tgomery	Roc	ckville	9	YESXOT	NO 🗌	5112	2 Pa	rklav	wn 'I'	erra	ce, #	201
1	TA	FIRST	7 0	MIDDLE		LAST		F	ER'S MAIDEN	NAME	A	AIDDLE	2.7	0.0	LAST	
+	160 W	Michae AS DECEASED	EVER IN U.S. AR		165.500	IAL SECURITY	YNO	Le 17 INFORA				ADDRI	MC(Clint	tock	
	(YE	NO. OR UNKNOV	VN) (IF YES, GIVE	WAR OR DATES)		9-12-6			rt M.E	nger	13	22Wes	stwa	y Rd	• 0077	,
-				du ana sauca ac Pro-					, -		G	reenb	pelt.	, Md	20770	ITE INTERVAL
		PART I DE	ATH WAS CAUSE			atic ca	arcin	oma						F	BETWEEN ONS	SET AND DEATH
		12	1/GIMMEDIA	TE CAUSE (d)		ISEQUENCE (OIII C			71.0					
23			s, if any, which			ma of		hnose	+							
			e ta immediate stating the under-	< 1-1		SEQUENCE (or eas								
		lying caus		(2)		or dorner (,									
		PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERM	INAL DISEASE	OR CONDITION	N GIVEN IN PART	I 1 (a).						
	Z		None													
7	ATI	19a. DATE OF	OPERATION	196 CONDI	TION FOR	WHICH OPER	ATION W	AS PERFOR	MED?		200			2	20 AUTOPS	Y?
4	F	None													YES 🗌	NO 🖾
2	CERTIFICATION	21a EXTERNA		21b TIME O		DAY YEAR	21c. HC	W INJURY	OCCURRED	(ENTER NAT	TURE OF IN	JURY IN ITEM	A 18 PART 1	OR PART 2)		
2	CAL	UNDERLYING CONTRIBUTION	☐ OR IG ☐ CAUSE OF			19		None								
	MEDICAL	21d INJURY O			OF INJURY	(AT HOME.	21f. LOC	CATION		411	CITY OR TO	MM		COUNTY	,	STATE
	2	AT WORK	AT WORK]	- Salaran, El						CIT OK TO	14,14		COUNTY		SIAIE
		22g certify	v that I took chare	ge af the remains de	scribed aha	ve. held an	Autaps	v П.	Inspection	П.	Inquiry	X.	and in	ту артпа	an	11000
		death resulte		ral causes X,	Accident		icide .	Hamic		Undeterr],	,		
			-	0				TITLE (SI					-			
		ACTUAL SIGNATURE_	-	L. S	CK	agan	A.M.		puty	MEDIC	AL EXAM	AINER	S	DATE SIGNED_	1/24/	/83
2		/				0	1		1919	Semir	nary	Road	d			
4	-	EXAMMER'S IN	John	S. Roger	s, M.I).		ADDRESS	Silve	er Spi	ring	, Mor	ntgo	mery	, Md.	
1	230. BL	IRIAL, CREMAT	ION, REMOVAL			AME OF CEA	AETERY OF	RCREMATO	ORY	23d. LOC.	ATION			COUNTY		STATE
	6	Buria	11	Jan. 27,	83 M	t. Oliv	ret C			Wasl	hino	ton	D.C	4		
	24 FL	NERA NAME	By F	Ne Calores		J. I.		The	25a. DATE RE	EC'D. BY R	EGISTRA	AR 2/6 RI	EGISTRA	AR'S SIGN	VATURE.	1
		DeVol F	uneral P	Home V	Vashir	igton,	D.C.		JAN	131	1983	0	ille	01-1	such	/
													>0			

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	1 -	FOR STATE REGISTRAR		DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH		3 0	2 0	1	i
		CEASED NAME OR PRINT)	FIRST	MIDDLE		AST	20. DATE OF DI	EATH MONTH DATE	YEAR	2b HOUR	
84			Carl	М.		Inglish		ry 19, 198			
_	3. SEX		4 RACE	The second	5. DATE (DAY YEAR	6. AGE (IN YEAR		UNDER TYEAR	HOURS	MIN.
A	H	Male RTHPLACE (STATE OR FO		asian Nofwhat countr	Jan.	5, 1906	77	CITY OR COUNTY O	EDEATH		
u		COUNTRY)			MARRIE	NEVER MARRIED					
		sachusetts TY OR TOWN OF DEA	TH 11. NAM			DIVORCED OR OTHER INSTITUTION	12a USUAL OC	Montgomery CUPATION	Coun		MD.
10		Bethesda		Suburban	Hosp1	cal	Attor	nev	INDUSTRY	aw	
E	13a S M	aryland	ish. County iontgome	13c. CITY OR TO			3716	DRESS Manor Ro	(208 ad Ar		!
Ô	14. FA	THER'S NAME FIRST John	MIDDLE B •	Engli	sh	15. MOTHER'S MAIDEN Mae		AIDDLE	C a	innon	1
		VAS DECEASED EVER I (ES, NO OR UNKNOWN) NO	N U.S. ARMED FORC (IF YES, GIVE WAR OR DA	TES)	0 761	Helen H.	English	AD3716 Ma 1 Chevy C	nor I		
		Conditions, if any, gove rise to imm couse (a), stating underlying cause	which ediate DUE 1	O). O, OR AS A CONSEC	C	CARDIA			3	wee	Ks
	NOI	PART 2 OTHER SIGN	IFICANT CONDITION	RICHT	4 /	NOT RELATED TO THE T	SMOKIA	DR CONDITION GIVEN	IN PART 10		
2	CERTIFICATION	190 DATE OF OPERAT	196 C	ONDITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	20a AUTOPS	20b. IF YES, V IN CERTIFYII YES	NG CAUSES	OF DEATH	?
9		21g ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTR	AUSE OF DEATH HOL	ME OF INJURY IR A.M. MONTH P.M.	DAY YEAR	21c HOW INJURY OC	CURRED (ENTER NATUR	E OF INJURY IN ITEM) 8 PART	T I OR PART 2}		
4	MEDICAL	21d. INJURY OCCURR WHILE NOT WHILE AT WORK AT WORK	/AT HO	ACE OF INJURY ME, STREET, FACTORY, OFFN	CE, FARM, ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STA	ITE
		22a. I certify that (I) (saw the decease abave, (I) (ma) (J) 22b. SIGNATURE		1/15 19	<u>(183</u>	, 19 nd that in (my) (and apir DEGREE			ind fram the		ed
1		22d PHYSICIAN'S NA	ME (TYPER FUNT	asth	fr. M	ATTENDIN PHYSICIAI	G MEDICAL N DIRECTOR	STAFF PHYSICIAN	1/1	9/83	3
1		FRANK	Y. JAG	GERS	JR.	6000 Ex		Blus B	Park	11-1	18.4
	23a. B	SURIAL, CREMATION, F SPECIFY)Cremat	ion 20	oun.		EMETERY OR CREMATO	CITY OR	TOWN	COUNTY	Jiroi	in is

DHMH- 16 30M 2/80 (VRA 15, 4)

BP

IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic

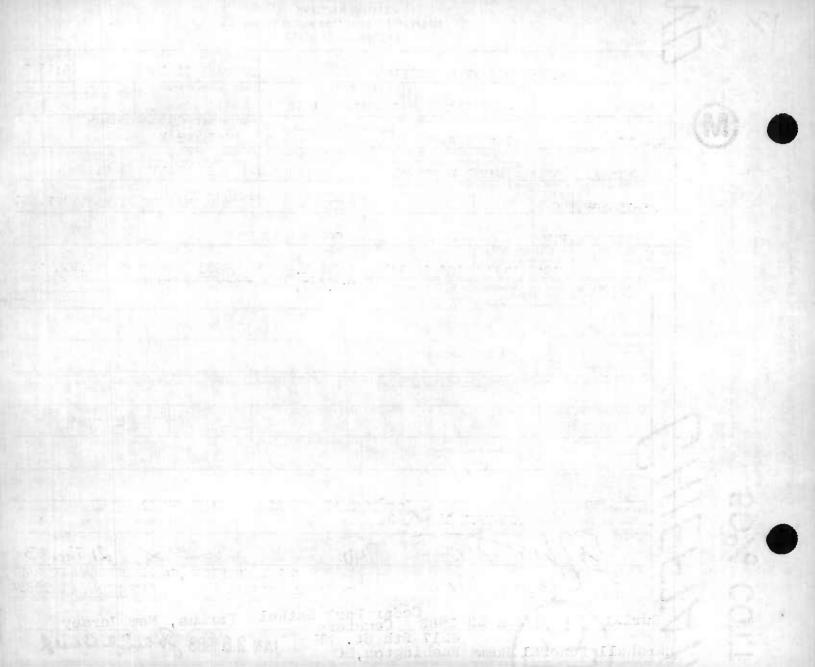
Cremation 20,1983 Metropolitan
ROBERT A. PUMPHREY FUNERAL
HOMES, P.A., BETHESDA, MARYLAND

Crematory Alex
DAN 24 1983

county state
ry Alexandria, Virginia
sy registran 23b registran's signature

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH LAST DECEASED NAME 2b. HOUR TYPE OR PRINTS 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 83 9. BALTIMORE CITY OR COUNTY OF DEATH MONTGOMERY 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CONST. FOREMAN D.C. GOVT. 13e. STREET ADDRESS 10104 GREELEY AVENUE 20902 ALIDDLE MALONEY ADDR 3212 FOXHALL DRIVE JEREMIAH F. FAHY SILVER SPRING. MD. 20906 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH OF ESOPHAGUS & METASTASCS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NON YES T NO T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE CITY OR TOWN and that in (my) (aur) opinian death accurred an the date and hour and from the causes stated 22c DATE SIGNED MEDICAL STAFF DIRECTOR | PHYSICIAN | 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL

GATE OF HEAVEN

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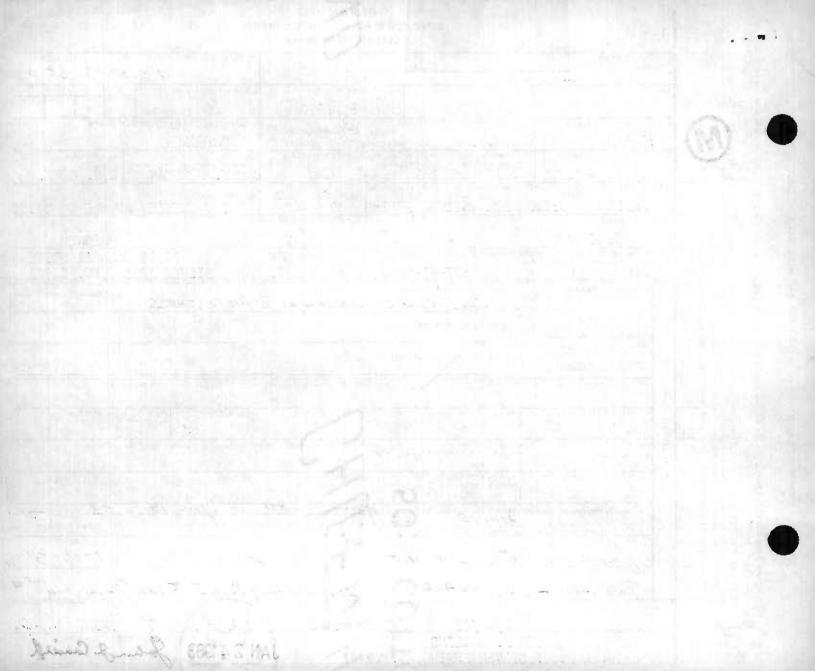
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24. FUNERAL DIRECTOR FRANCIS J. COLLINS ... (VRA 15, 4) 500 UNIV. BLVD. W. SILVER SPRING. MD.

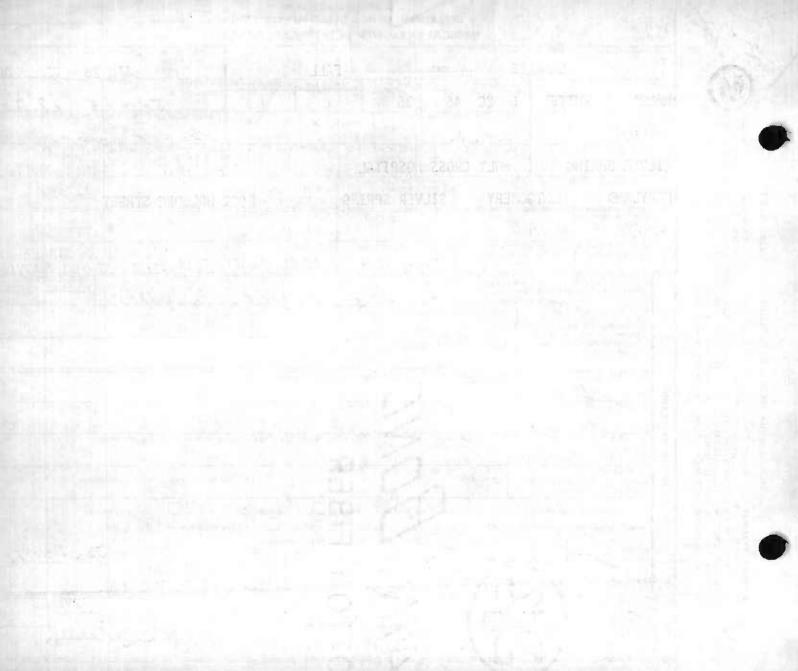
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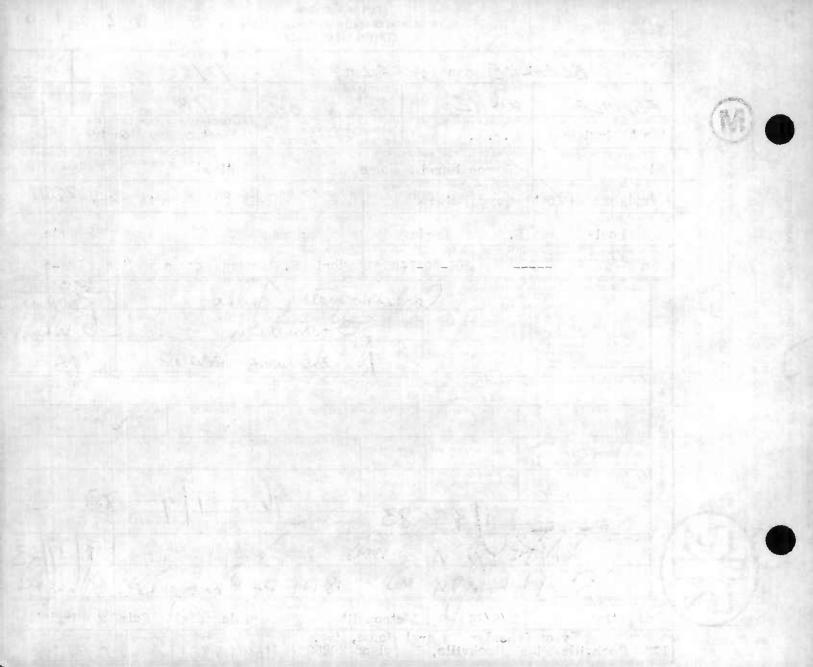
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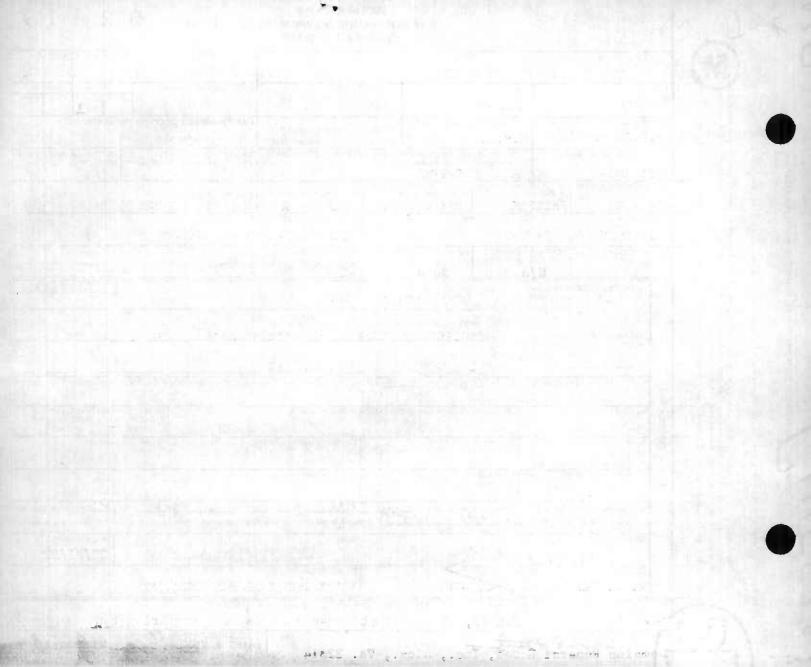
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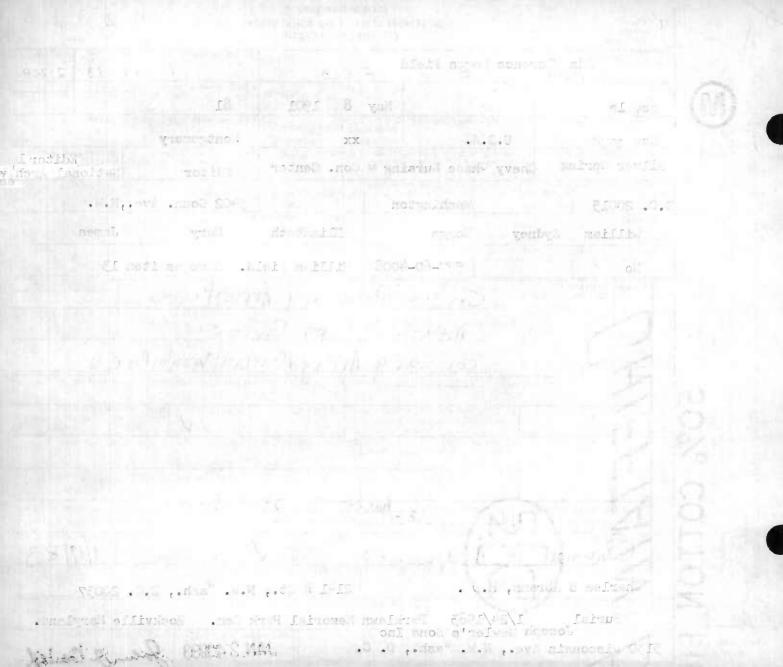
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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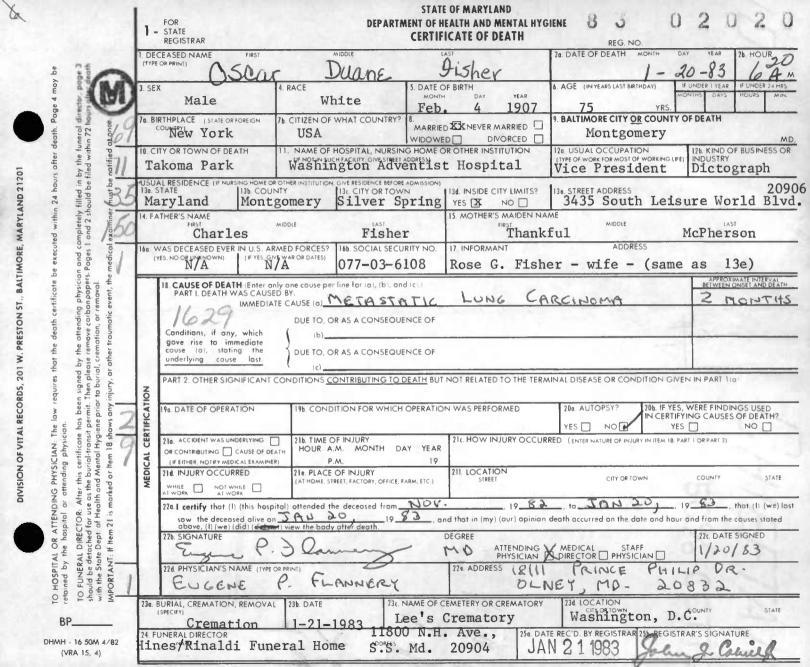


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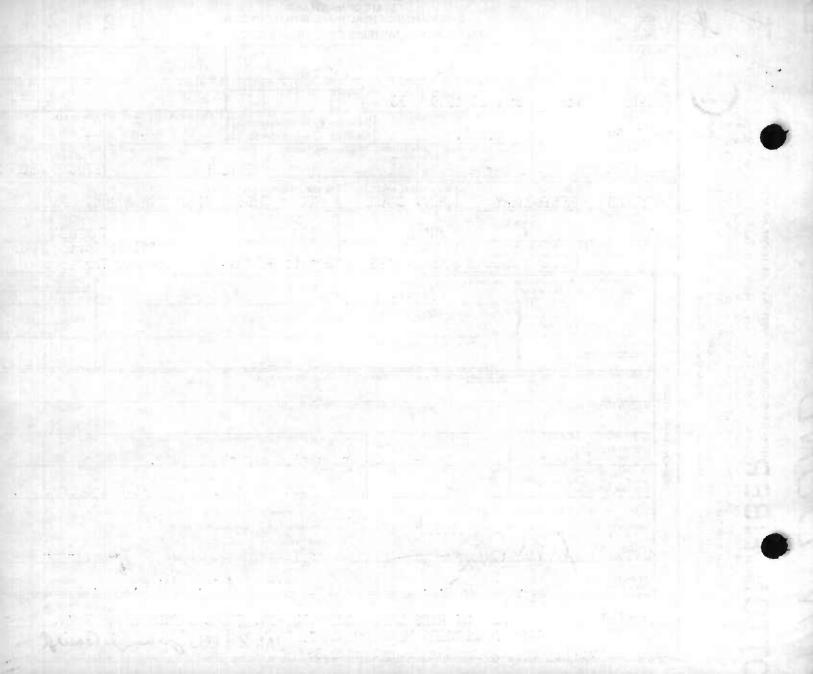
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	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DIRECTIONER, MARYLAND, 21201 FINDORE, MARYLAND, 21201	23- 0		ATION, REMOVAL 2			NAME OF CE		ODRESS_			CATION	5000	J.,	. ,	- 120	
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	BP	24 F	Buria UNERAL DIRE			,83 KI				GDN.	EC'D RY	LS C	HURCH	GISTRAR	KFAX	VA.	
	DHMH - 17		NAME	DANZ		GOLDBER				JAN	124	1983	100	in	La	hell	(
	(VR A15 ME (5))		L70 Roc	kville Pi	ke: Ro	ckville	Mary	land 2	0852	OTIL	•	, , , ,	4	_			1



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FT.ATHER

.1891

13d. INSIDE CITY LIMITS?

DIVORCED [

NO [

Agnes

MARRIED NEVER MARRIED

YES X

LAST

5. DATE OF BIRTH

MONTH

WIDOWED

June

REG. NO. 20. DATE OF DEATH

2b HOLIR

January 23.1983

IF UNDER 24 HRS

6 AGE LIN YEARS LAST BIRTHDAYS IF UNDER 1 YEAR

BALTIMORE CITY OR COUNTY OF DEATH MONTGOMERY COUNTY

12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY at home

Housewife 13e STREET ADDRESS

120 USUAL OCCUPATION

APPROXIMATE INTERVAL

5215-Cedar Lane 15. MOTHER'S MAIDEN NAME

Haskell 17. INFORMANTSt., NW. Washing Posts, D.C. 20008

William James Flather. III (Son) 2922-Garfield

Several you

DUE TO, OR AS A CONSEQUENCE OF

MONTH DAY YEAR

AT HOME STREET FACTORY OFFICE FARM ETC 1

HOUR A.M.

P.M

Bethesda

166 SOCIAL SECURITY NO.

578-62-2807

Noyes

Neves

10

21f. LOCATION

STREET

196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY?

NO X

IN CERTIFYING CAUSES OF DEATH? YES [

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20b. IF YES, WERE FINDINGS USED

STATE

NO [

COUNTY

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED

CITY OF TOWN

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS

STAFF

BP_ 24 FUNERAL DIRECTOR J. Wm. Lee's Sons Co. 300-4th Stress NE. Wash. DC20002 JAN 2

DHMH - 16 50M 4/82 (VRA 15, 4)

23c. NAME OF CEMETERY OR CREMATORY Lee's Crematory

DEGREE

Washington, D.C. 250. DATE REC'D. BY REGISTRARITS

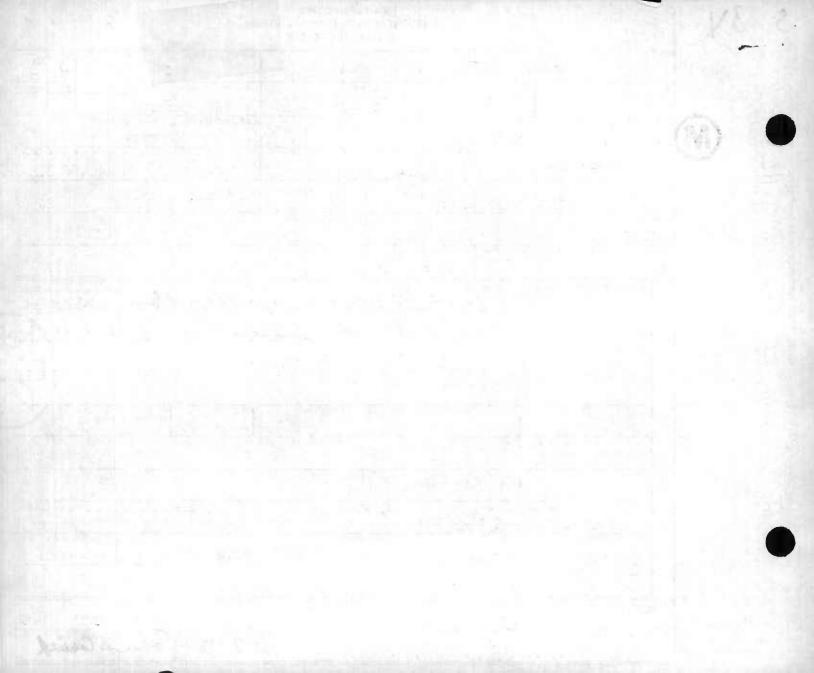
23d LOCATION

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- 5 3 ≧	230. BURIAL, CREMATIO ISPECIFY) Cremation	N, RE	MOVAL	J8

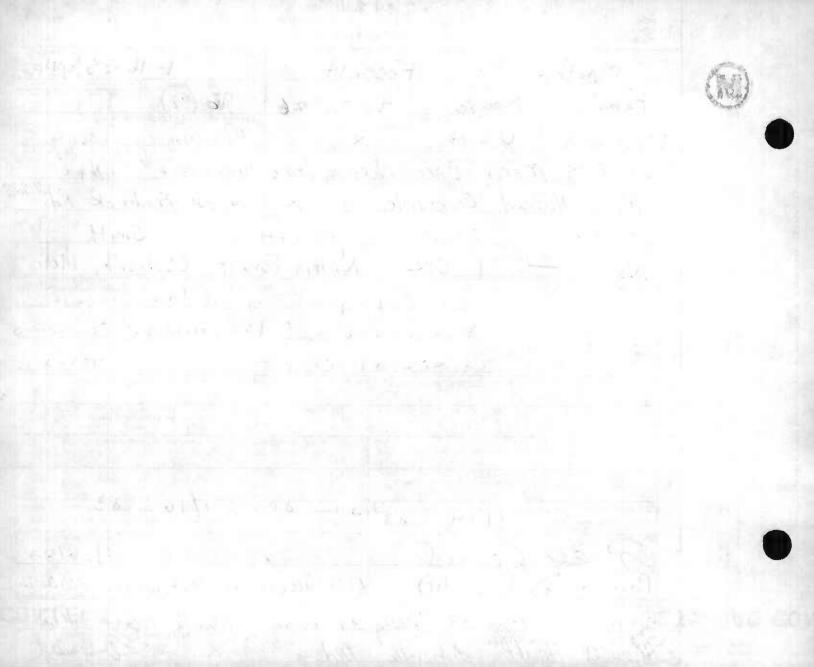
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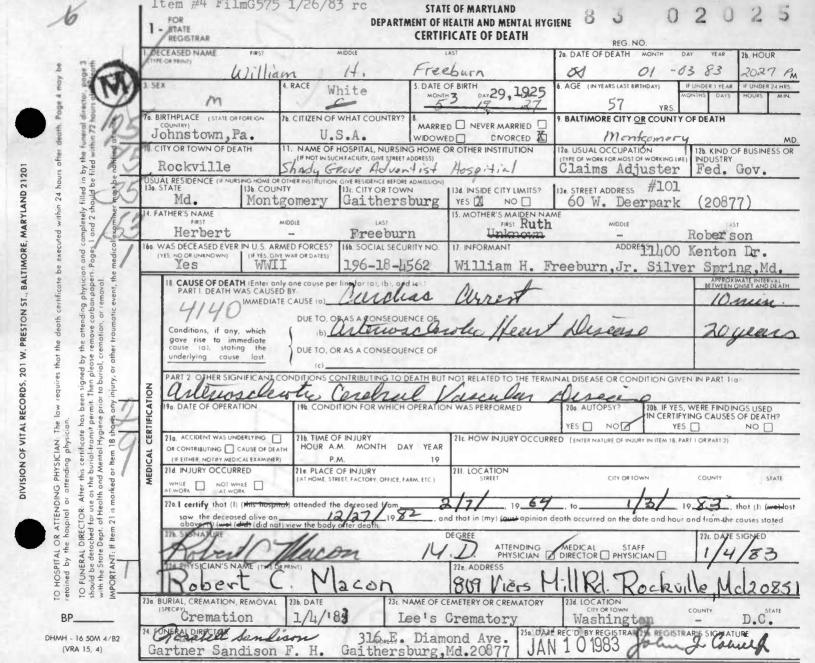
I. m.Lee's son Jo.3co- in co., M, ach., NZ M2 M2

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noy be		CEASED NAME FIRST	KXXX JAIME	М.	Fonseca		20 DATE OF DEATH MONTH	22 83	9 AM
ge 4 may	3 SE	Male	4 RACE White		5. DATE OF BIRTH	YEAR 16	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
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be exection and of rs. Poges		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATEST	79-44-		M. FONS		NINA COURT BURG,MD. 20	
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DHMH-16 30M 2/80 (VRA 15, 4)		O UNIV.BLVD.,	W., SILVER SP	RING, M	D. 20901	JA		and Con	relf.



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	23 11 11 11
No. 1 Certify that (I) (this hospital) attended the deceased from 19. 3, and that in (my) (our) opinion death occurred on the date and hour and above. (I) (we) (did) (did nat) view the body after death.	that (I) (we) la
saw the deceased offer on the date and flow that the date and the da	
L DEGREE DEGREE	22c. DATE SIGNED
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN	11.6/03
THE PHYSICIAN'S NAME (TYPE OR PRINT)	1 1 1 1 1 1 1 1 1 1
50 51 E K	1116183
DEGREE ATTENDING DIRECTOR PHYSICIAN DIRECTOR PHYSI	1
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(VRA 15, 4) 1/79 JAN 21 1983 John	LE MD 2018.





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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

DHMH - 16 50M 1/81

(VRA 15, 4)

- STATE

REGISTRAR

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Pearson's F.H. Falls Church, Virginia 22046

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(VRA 15, 4)

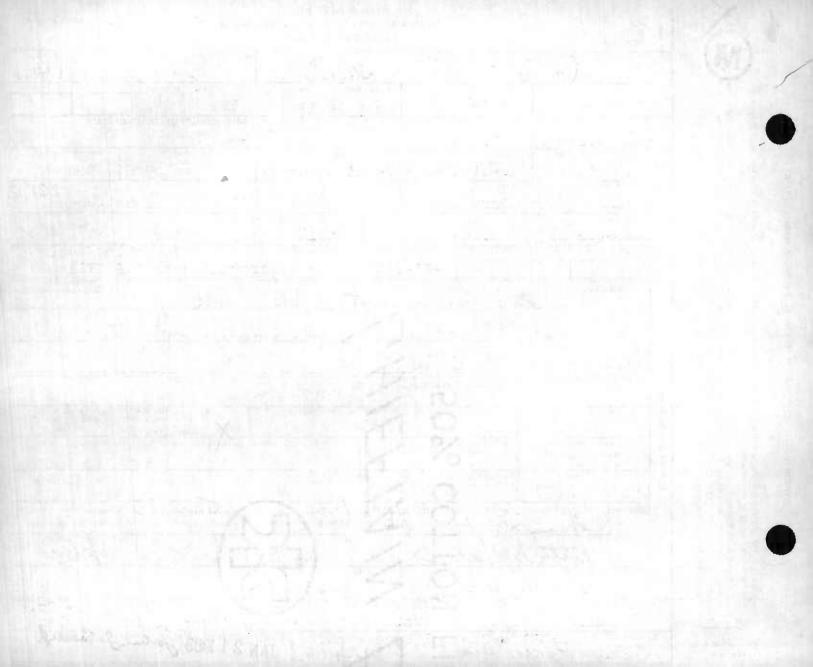
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR - STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15, 4)



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Maryland Nont. Certentown MM - 21893 Ashbrooks Ct. 20074 cart bloom irraid.

189-12-2728 Joseph Gelmn Ling Taland; 1880 1882 201

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24. FUNERAL DIRECTOR NAME ADDRESS 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE OF LANGE OF LONG ADDRESS	230	BURIAL CREMATION REMOVAL		Pr. centro, Md Tate
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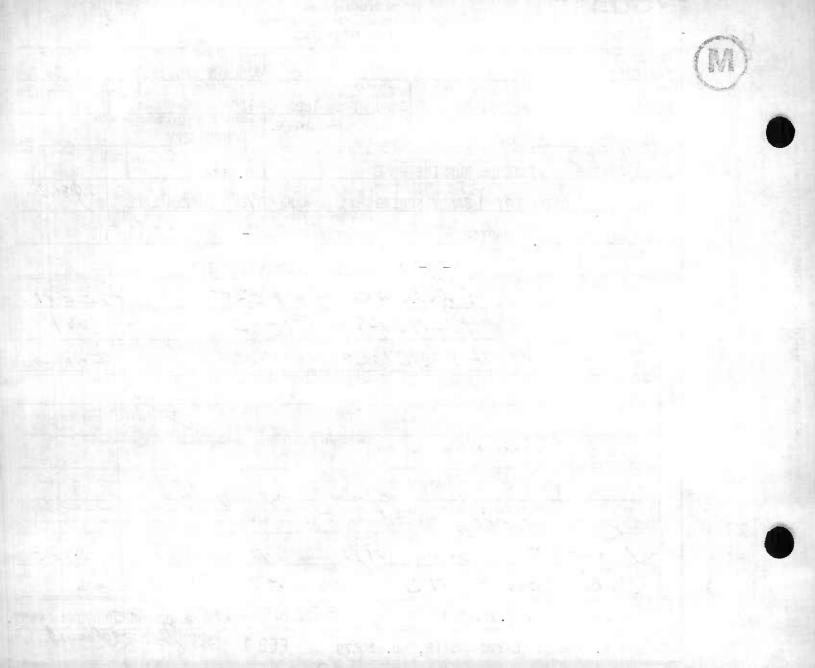
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TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

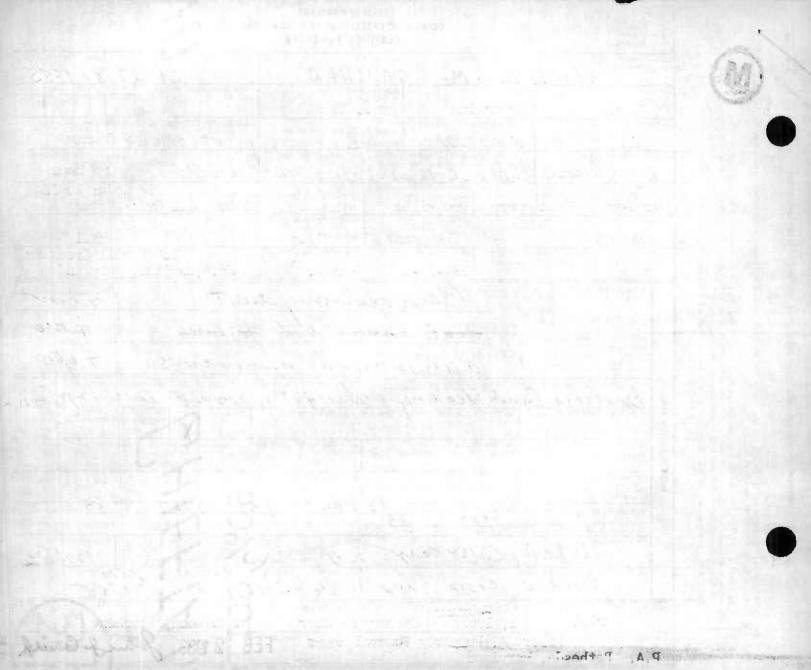
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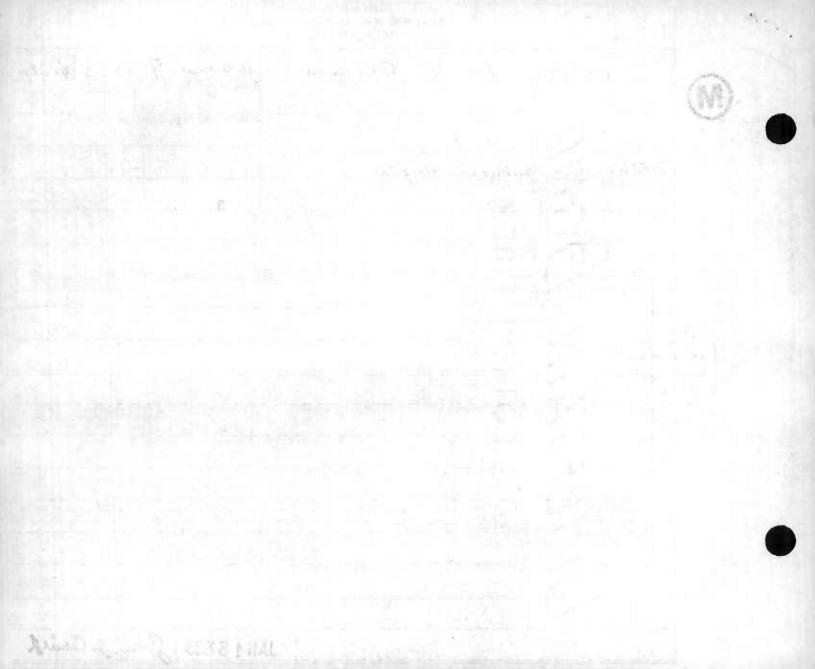
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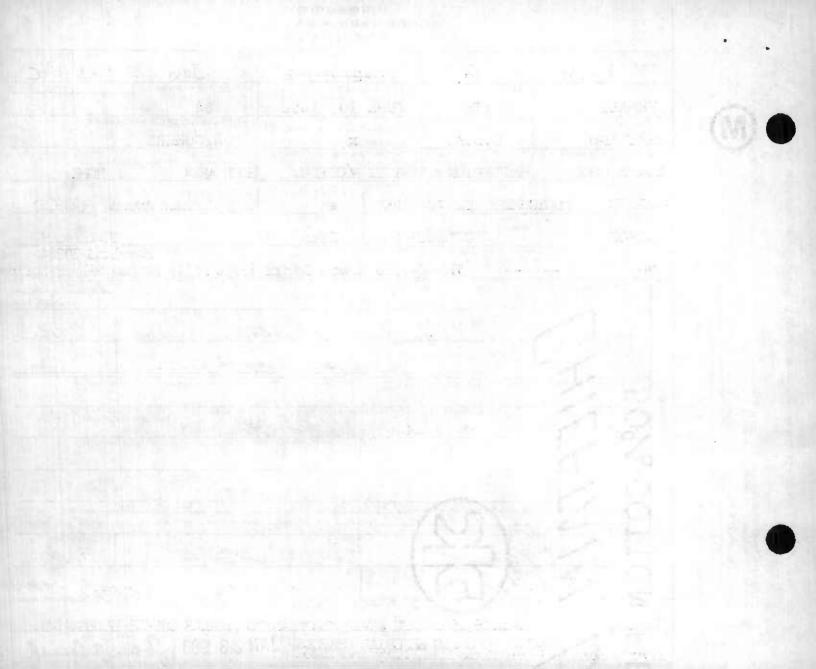
	1.	FOR - STATE' REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	rGIENE 8 3	02032
3		CEASED NAME FIRST EDITH	P .	GASS	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR AN 6 1983 10:45 A
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1 - 16 50M 4/82	24 F	UNERAL DIRECTOR	Villation 2 dice	real M ells N 156. D	AT 1 1983	IN NEGISTRAID STEAMURE

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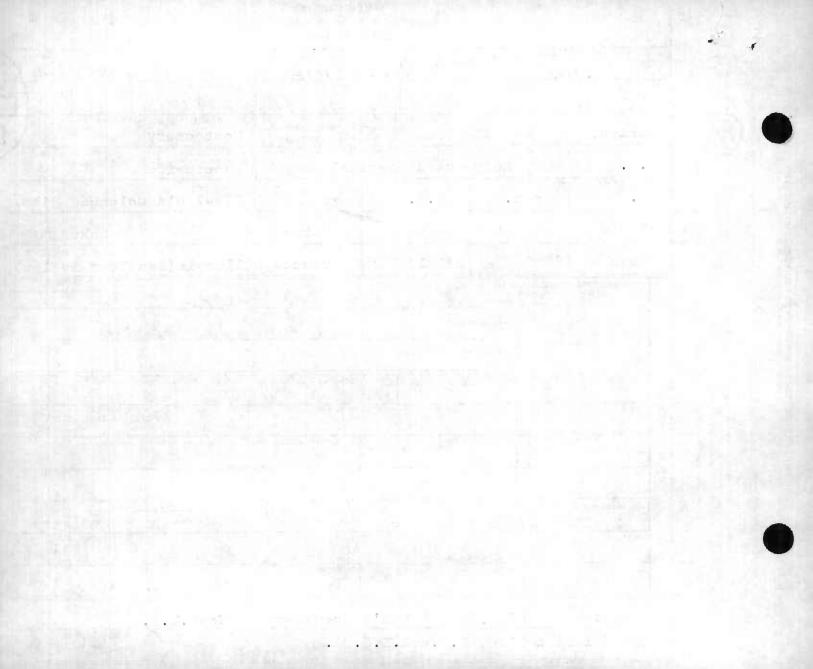


	11	STATE REGISTRAR		CERTIF	EALTH AND MENTAL HYO ICATE OF DEATH	REG. NO.	
	(TYPE	CEASED NAME FIRST OR PRINT) KATIF.	G.		GEWIRZ	Jan. 25	1983 4 a
Solle.		FEMALE	WHITE	JUNE	10, 1898	84 yrs.	IF UNDER 1 YEAR IF UNDER 24
	MA	RTHPLACE (STATE OR FOREIGN COUNTRY) ARYLAND	U.S.A.	WIDOWE		9 BALTIMORE CITY OR COUNTY MONTGOMERY	OF DEATH
notified		KOMA PARK	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE WASHINGTON AI	E STREET ADDRESS)		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOMEMAKER	12b. KIND OF BUSINES INDUSTRY HOME
33	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COL	INTY 13c. CITY OF	E BEFORE ADMISSION) R TOWN A PARK	13d. INSIDE CITY LIMITS? YES 🕱 NO 🗌	13e STREET ADDRESS 1108 Jackson Ave	nue (20912
152		THER'S NAME FIRST	GOLDE	SERG	15. MOTHER'S MAIDEN NA ETTA	ME MIDDLE	FRIEDMAN
medicol	12	VAS DECEASED EVER IN U.S. A res, no or unknown) { IF YES, G	IVE WAR OR DATES)	L SECURITY NO. 46-7308	17 INFORMANT Edwin Gewirz	ADDRESS Mar ;13726 Mills Aven	yland 20904
sse remove carbon paper I, cremation, ar removal. other troumatic event, th			DUE TO, OR AS A CON	SEQUENCE OF	olor use	Lee of	APPROXIMATE INTERV. BETWEEN ONSET AND DI
rial-tronsit permit. Then ple, entol Hygiene prior to burior them 18 shows any injury, or	AL CERTIFICATION	PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION 110 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (15 ETHER NOTIFY MEDICAL EXAMINE)	19b. CONDITION FOR V Ca A 21b. TIME OF INJURY HOUR A.M. MONT	WHICH OPERATION		YES NO YE	, WERE FINDINGS USED YING CAUSES OF DEATH S NO
olth and Ment	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY (211. LOCATION STREET	CITY OR TOWN	COUNTY STA
letoched far us ate Dept. af He T: If Item 21 is		22e.1 certify that (1) (this has saw the deceased alive a above, (1) (we) (did) (did n 22b. SIGNATURE	11. 1.100	_19, or	d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	deoth occurred on the dote ond hou	19, that (1) (we read from the couses state 12t. DATE SIGNED 1/25/83
De Ste		224 PHYSICIAN'S NAME THE	Moses	/	220 ADDRESS 5321 A	towlder ba - Da	1. 20
with the Sto		901			11/	and the state of	- Joseph



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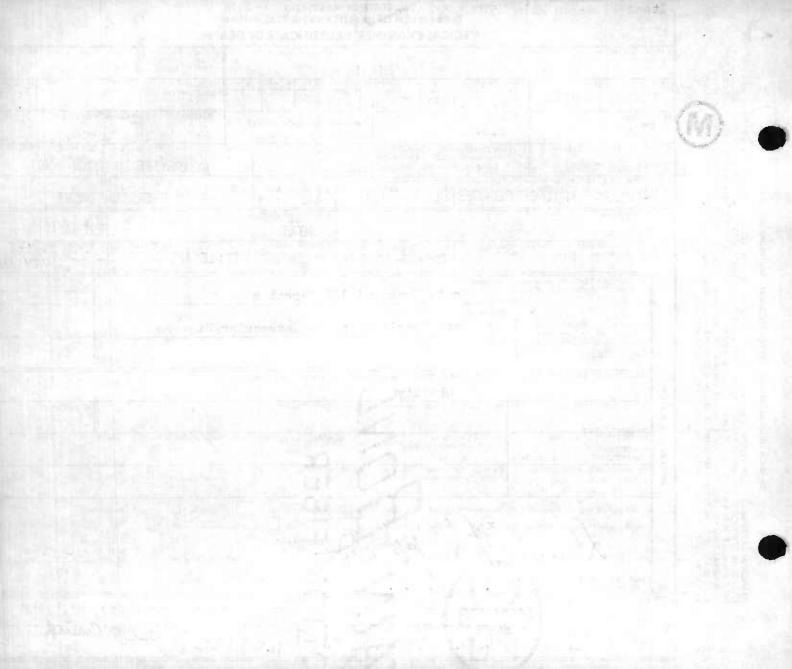
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



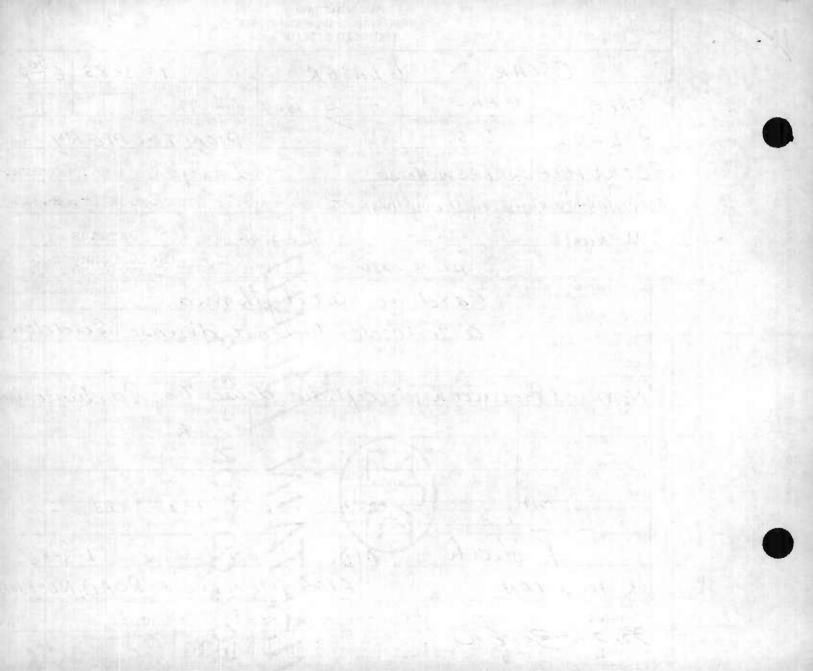
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,	W 1 140		CEASED NAME PE OR PRINT)			MIDDLE			LAST		2a	DATE KN	IOWN X	MONTH	DAY	YEAR	26 HOUR
	PLEASY PLEASY NECTOR NIE FILES YOUR FILES STREET	SE.	FEMALE	lda A RACE WHITE	5. DATE OF BIRTH MONTH DAY DEC. 23.	YEAR 1907	6. AGE (IN YEAR LAST BIRTHDA	Y) MONTH	DER 1 YR.	IF UNDER 2	24 HRS. 2c.	DATE ONOUNCE DEAD		HTMOM	DAY	1983 YEAR	3:03 a. M
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1	DRETH DEATH AND 3 AND 2 S	9	ATHER'S NAME FIRST UNKNOW!		MIDDLE		LAST		MI	ER'S MAIDEI NI	NAME	MIDD	1E		BRES	LIN	
	IRS AFIER SOME FAMILY FOR WITH FOR DUVISION	160.	WAS DECEASED YES, NO, OR UNKNOY	EVER IN U.S. ARA	MED FORCES? WAR OR DATES)		-03-124		17. INFORA AB	RAHAM	GITTI	LEMAN,			BURG		REET RY LAN
	RDS, 201 W. PRESTON: CRECUTED WITHIN 24 HOUS! IN TREACT. IN TEAM CA. EXAMINE A.CM. BURIAL: TRANSIT FER. AND MENTAL HYGEN AATON: OR REMOVAL.		Candition gove ris cause (a) lying cous	os, if any, which to immediate stating the under-selost.	TE CAUSE (o)	teri SACON	oscler ASEQUENCE (otic of	Cardi	iovasc	ular	Disea	Se				
	ATAL RECONSIDER SHOULD BE EDRONG WENCHER MEDICALE OF USED AS AT TO FHEATH URIAL, CREM	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDITI	Obes ON FOR	Sity WHICH OPER	ATION W	AS PERFOR	RMED?						UTOPSY?	NO [
	DIVISION OF VITAL RECORDS IS CERTIFICATE SHOULD BE EXER RRITING THE WORD. "PERNING REDED TO THE CHIEF MEDICAL GE 3 SHOULD BE USED AS A BUI TE DEPARTMENT OF HEALTH AN 201 PRIOR TO BUILD.	MEDICAL CER	UNDERLYING CONTRIBUTION	CAUSE WAS OR GORAUSE OF I CCURRED NOT WHILE AT WORK	21b. TIME OF HOUR A.M. DEATH P.M. 21e PLACE O STREET, FACTO	MONTH	19 (AT HOME,	21f LOC	OW INJURY	OCCURRED		URE OF INJURY	Y IN ITEM 18 PA		ART 21		STATE
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE EXECUTE THE CERTIFICATE. WINTING THE WORD. "PENDINGS IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL BY TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURBL AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND ME BALLIMORE, MARYLAND, 21201 PRIOR TO BURBLAND.	2		y that I took charg	pe of the remains described course of the remains described and the re	Acident		cide L		Inspection cide SPECIFY) STant	Undetern	Inquiry I	er .	DATE		-25-	83
	PE 550		BURIAL CREMAT	ION, REMOVAL 2	73b. DATE 1/27/1983	23c. 1	NAME OF CEA	AETERY OF	R CREMATO	ARDENS		EY, M					AND
	DHMH - 17 (VR A15 MF (5))	24.1	232 CAR	MPR STEIN ROLL STR	HEBREW ME EET, N. DOREW	. WA	AL FUN SHINGT	ON, 1	D. C.	IAN	311	383	So Cu	TAKE.	CHUIC		

20M 4/82



	1	FOR STATE	DEPAR	TMENT OF HEALTH AND MENTAL HY	GIENE 8 3 O	2039
. 7		REGISTRAR CEASED NAME FIRST E OR PRINT)	MIDDLE	CERTIFICATE OF DEATH	REG. NO. 20 DATE OF DEATH MONTH D	AY YEAR 2b HOUR
poge 3	3 SE	05	AR P.	G-LASER S. DATE OF BIRTH		-83 6 PM
irector, iurs afte	7a D	MALE IRTHPLACE (STATE OR FOREIGN	CAU -	MONTH DAY YEAR 4 1904	9. BALTIMORE CITY OR COUNTY	ONTHS DATS HOURS MIN.
1 72		POLAND	4.5.	MARRIED NEVER MARRIED WIDOWED DIVORCED	21	MERY MD.
(國)为0	10 C	OCKVILLE	11. NAME OF HOSPITAL, NURS (IENOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION ET ADDRESS)	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b KIND OF BUSINESS OR INDUSTRY Fed. Govern
11 35	JSU 3a.	AL RESIDENCE (IF NURSING HOME OF STATE 13b COU	ROTHER INSTITUTION GIVE RESIDENCE BEFO NTY 13 CITY OR TO		8418 Donnybro	ok Dr. 20815
ond 2 sh	14 F.	ATHER'S NAME FIRST	MIDDLE Glase:	15 MOTHER'S MAIDEN NA	MIDDLE	arnass
n ond co		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SEG	URITY NO. 17 INFORMANT -0280 Mrs. Lilli	20815 ADDRESS 418 an Glaser Chev	Donnybrook I
physicio noopers novol.		PART I. DEATH WAS CAUS	nly one couse per line for (o), (b), (ED BY:	and (c).)	th mia.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
by the ottending se remove corbor cremotion, or resorter troumotic experies		Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause lost.	THE CAUSE (B)	LOS elevotie Le		Sudden
rmit. Then plea prior to buriol any injury, or	CERTIFICATION	PART 2 OTHER SIGNIFICANT, NO Y WAL V 198. DATE OF OPERATION	ressureky	ODEATH BUT NOT RELATED TO THE TERY CLOCE Phalus, CON HOPERATION WAS PERFORMED	Curculia, V	N IN PART 100 ON IN PART 100 ON IN PART 100 ON IN SOURCE OF THE PART 100 ON IN
ronsit pe Hygiene 18 shows		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DI		DAY YEAR 21c. HOW INJURY OCCUP	YES NOW YES	NO []
this certifine buriol-trand Mentol	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINITY OCCURRED	Ain	19 21f. LOCATION	CITY OR TOWN	COUNTY STATE
R. After use os th dealth or is morke			nital) ottended the deceased from	(2)		9 <u>83</u> , that (# (we) lost
DIRECTO sched for Dept. of I		sow the deceosed plive o phove, (I) (week (did) (did o 22b. SIGNATURE	view the body ofter death.	DEGREE	death occurred on the date and hour	22c DATE SIGNED
RAIL Stote	1	22d. PHYSICIAN'S NAME (TYPE	Shan or PRINT)	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1-3-83.
TO FUNER should be dwith the Sto	220	K.H. SH	AH L 23b. DATE 23	B105 NO	10 MTROSE R	OAD, ROCKU
3P	230.	Burial	1/5/83 K	ing David Mem.G	ar. Falls Churc	
HMH - 16 50M 1/81 (VRA 15, 4)	Wa	rner E. Pump	hrey, Inc. Sil	Box 7428 25a MD 20907	AN 101983	2 Cours



FOR

REGISTRAR

DECEASED NAME

- STATE

TYPE OR PRINT!

MALE

COUNTRY KENTUCKY

13a. STATE

MARYLAND

YES

CERTIFICATION

8

MPORTANT:

d b

19a DATE OF OPERATION

230. BURIAL, CREMATION, REMOVAL 23b. DATE

14. FATHER'S NAME

BETHESDA

3. SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 20 DATE OF DEATH MONTH 2h HOUR WALTER BRAXTON GODBEY JANUARY 12 1983 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH MARCH 31 1906 CAUCASIAN O. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED UNITED STATES DIVORCED MONTGOME RY WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY RETIRED NAVAL HOSPITAL U.S. NAVY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 9737 MT.PISGAH ROAD MONTGOMERY SILVER SPRINGYES 15 MOTHER'S MAIDEN NAME Catherine Malter DDLE ALBERT BRAXTON GODBY 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) WALTER B. GODBEY, JR., 1310 PALMER ROAD. 1926-1948 579-42-6400 FORT WASHINGTON, MD 20744 ACUTE MYOCARDIAL INFARCTION DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF

200 AUTOPSY?

23d LOCATION

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

PG Maryland

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY: Conditions, if any, which gove rise to immediate couse (a), stating underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

NO YES [210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21h TIME OF INJURY HOUR A.M. MONTH YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

JANUARY 5 83 JANUARY 83 220 | certify that (1) (this hospital) attended the deceased from saw the deceased alive on <u>JANUARY 12</u> 19 <u>82</u> above, (I) (we) (did) (did nat) view the body after death. and that in (my) (pur) ppinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT)

NAVAL HOSPITAL, NAVAL MEDICAL COMMAND, R.L.SOLLOCK, LCDR, MC, USN NATIONAL CAPITAL REGION, BETHESDA, MD 20814

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

Burial 1/15/83 Ft.Lincoln Brentwood

250 DATE REC'D. BY REGISTRAR 251-REGISTRAR'S SIGNATURE 24 HYRESWRInaldi 11800 N.H.Ave.S.S.Md. a Conel Canel

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

Md.

BARBER FUNERAL HOME, Laytonsville,

STATE OF MARYLAND

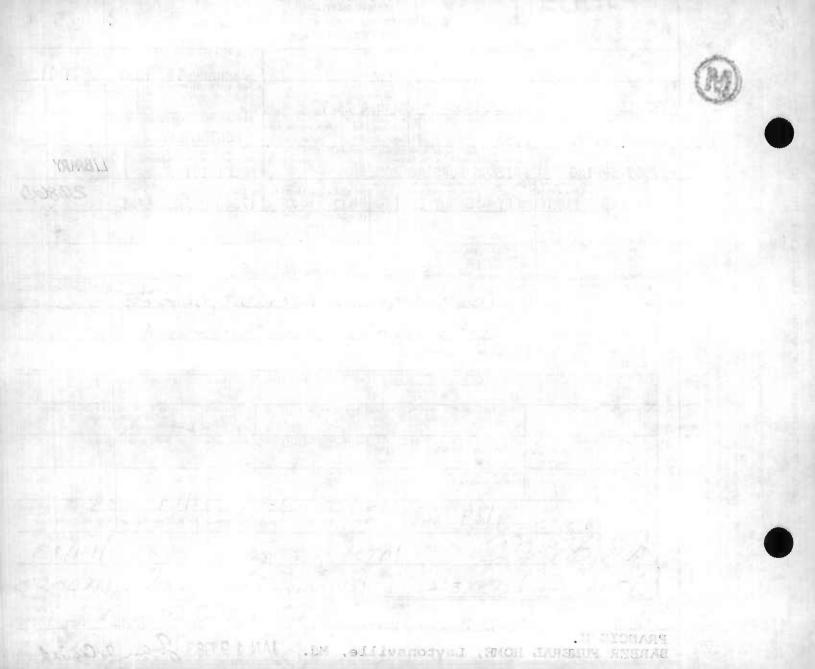
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

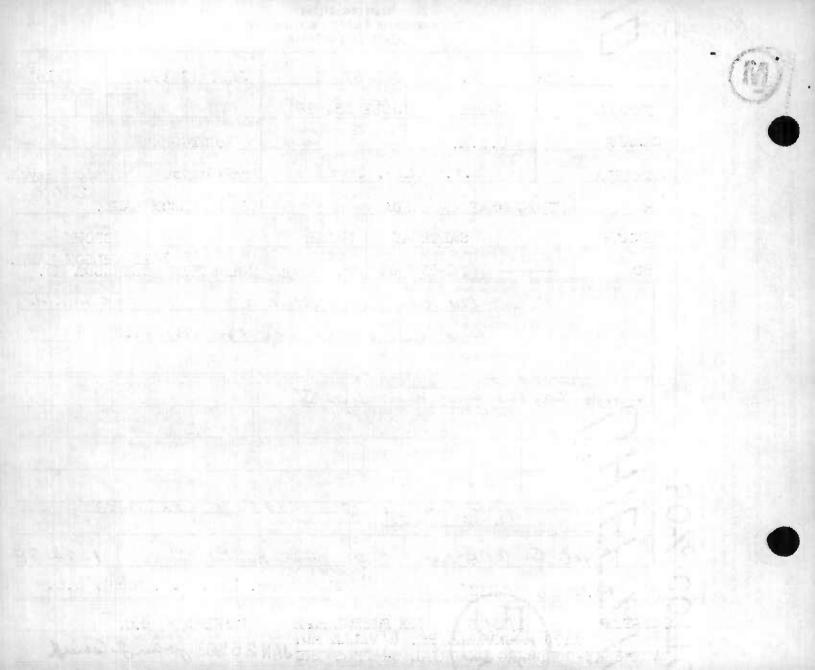
FOR

- STATE

DHMH-16 25M

(VRA 15, 4) 1/79





1	1	FOR - STATE	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3	2043
1	1.0	REGISTRAR ECEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 126 HOUR
(RA)		ECEASED NAME FIRST PE OR PRINT)	MIDDLE	(AS)	20. DATE OF DEATH MONTH	1
וייא.	2.6	J05ep		S DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	1 IF UNDER I YEAR IF UNDER 24 MRS
	3. 5		4. RACE	MONTH DAY YEAR	O. AGE (IN TEAKS LAST BIRTHDAT)	MONTHS DAYS HOURS MIN,
	-	MALE	CAUCASTON	11/1/06	76 YRS	
Duce.	/0.	COUNTRY VI PO 14	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	C
10	177	Josh Marialit	U.S.A.	WIDOWED DIVORCED	120. USUAL OCCUPATION	MD.
ije (EITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS)	TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR
5/00		silver Spring	OR OTHER INSTITUTION OF RESIDENCE BEFOR	HOSPIEL OF Scher	16+P telegho	ne telephone
500	130	STATE 13b. COL	JNTY 13c. CITY OR TOV	VN 134 INSIDE CITY MINTS?	13. STREET ADDRESS	0
S w	1		1+g conery Silvers	Aring YES NO	1215 Rupert	Rd 20103
Jan L	14.1	ATHER'S NAME	MIDDLE O LAST	15. MOTHER'S A' AIDEN N	MIDDLE	LASI
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medico	166.	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECTIONS (INC. WAR OR DATES)	JRITY NO. 17 INFORMANT	Merch W. DDRESSIPH	22 MARY DR. KIL
E /		No	577-07-0	UIZ Admitte	Who - IAK	
t, th		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (a), (b), or	nd (c).) ~ ~	0.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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7, 01		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 1(a
2	N N	Atule	Myoundist in	Pentin K. To	entalleno	
i O	3	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
1 1	CERTIFICATION				YES NO	YES NO
Hygie 18 sho	C. E.	218. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
ir Hem]	AL.	OR CONTRIBUTING CAUSE OF D		AT TEAR		
. 0	MEDICAL	21d. INJURY OCCURRED	210. PLACE OF INJURY	211. LOCATION	CITY OF TOWN	COUNTY STATE
ked	2	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE.	FARM, ETC)		
HOLE	1		pital) atended the deceased from.	1-18-83 19		
21 is		sow the deceased alive of	n 1-23-83 19	, and that in (my) (our) opinio	n death occurred on the date and h	nour and from the causes stated
en en		274 SIGNATURE	nat) view the body after death.	A DEGREE Par		Th. DATE SIGNED
o F		1/1/2	1	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	1/23/83
with the Stote	-	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	220 ADDRESS	O A	1/20/00
OR The			1/	9911- Her	sicale Din	(s) Spling Mil
with the	22-	Dr. Merto		NAME OF CEMETERY OR CREMATORY	1236 LOCATION /	
	230	DINO IA 1	TAN 26.1983		Hyattsvi	
7.0	1	FUNERAL DIRECTOR	VI DILL	25g D	tery Bladens	burg Rd. P. G.
M 4/82 4)		HAME XUE	The factor can	54 Carroll St	Na De Mashing	con a Bacat
1	1	Takoma Fymera	I Home		AN AU 1905	The state of the s

Dr. Parten White. Ecwille, Harding Concepts, Bladenslung 254 Carroll St. W. H. Manhideton, V. 17. 6 Talona Fancral Horo.

Harry H Witzke 4112 Columbia Rd Ellicott City

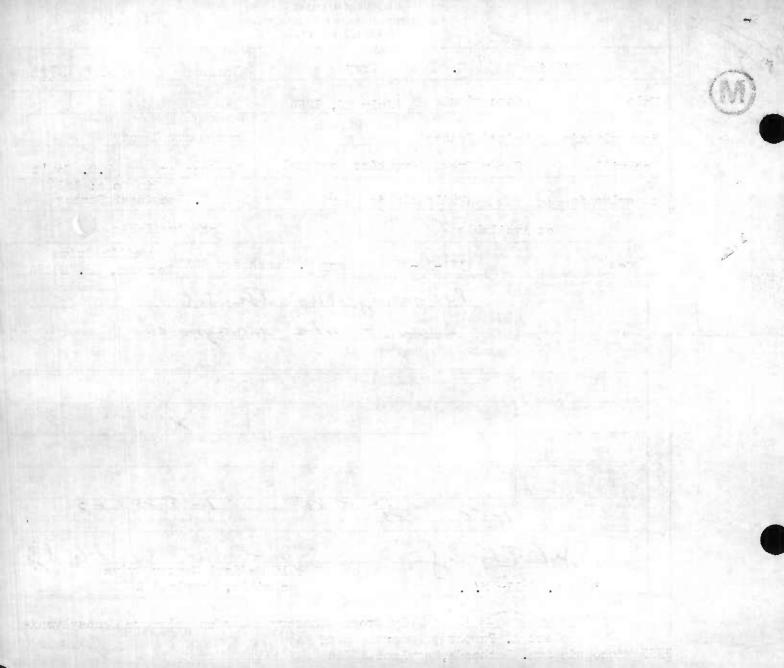
STATE OF MARYLAND

FOR

DHMH - 16 50M 4/82

(VRA 15, 4)

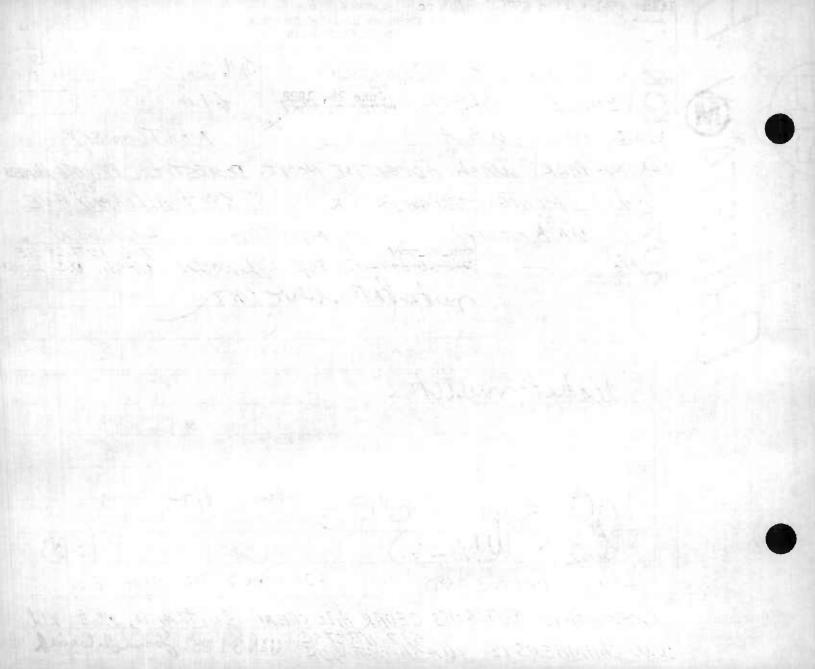
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STATE OF MARYLAND

Items #5&16b Film G576 2/3/83 rc

FOR



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE MARYLAND 21201 2 CERTIFICATE OF DEATH First Renee Middle M Grimm 20. DATE OF DEATH 1. DECEASED-NAME Last 2b. HOUR (Type or print) Day ENEE 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (in years IF UNDER 1 YEAR last birthdoy) OAYS HOURS FEMALE MONTHS I Feb. 20, 1903 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED country) U.S.A. Md . WIDOWED [DIVORCED | Montgomery 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR death certificate be executed within give street address) during most of working life, even il retired.)
Homemaker **INDUSTRY** ¥ Home Silver Spring Holy Cross Hospital 13a, USUAL RESIDENCE (Where deceased lived institution; Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admissian) STATE Montgomery YES 3 NO [Silver Spg. 733 Sligo Ave. Md. in any 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Last Unknown Unknown and 16b. SOCIAL SECURITY NO. 17 INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, na, or unknown) 568-14-6897-A Frederick Grimm Same as item #13 No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Cardinhulmonas IMMEDIATE CAUSE (a) crematian, DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit Canditions, if any, which gave) Muncardia rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial, o Sy Thana PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Sellete O Step borres with the State Dept. af Health priar ta 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? O FUNERAL DIRECTOR: After this certificate has CAUSES OF DEATH? YES 🔲 NO | 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) be retained by the haspital OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Doy Year P.M. (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED State City or Town County While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased fram 9 30 c, 19 4, ta 19 5, ta 19 5, that (I) (we) lost saw the deceased alive on 19 3 and that in (my) (our) opinion death occurred on the dote and hour and from the causes stated obove ((1)) (we) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR 21183 director, page 3 shauld be filed v DEGREE HYATTSUILLE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) MD. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23b. DATE (County) (Stote) 23a. BURIAL, CREMATION, REMOVAL (Specify) Cedar Hill Crematory Suitland, Md. FUNERAL DIRECTOR Joseph Gawler's Softer Inc. 5130 Wisc. Ave. N.W. Wash., D.C. 20016 2So. REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68

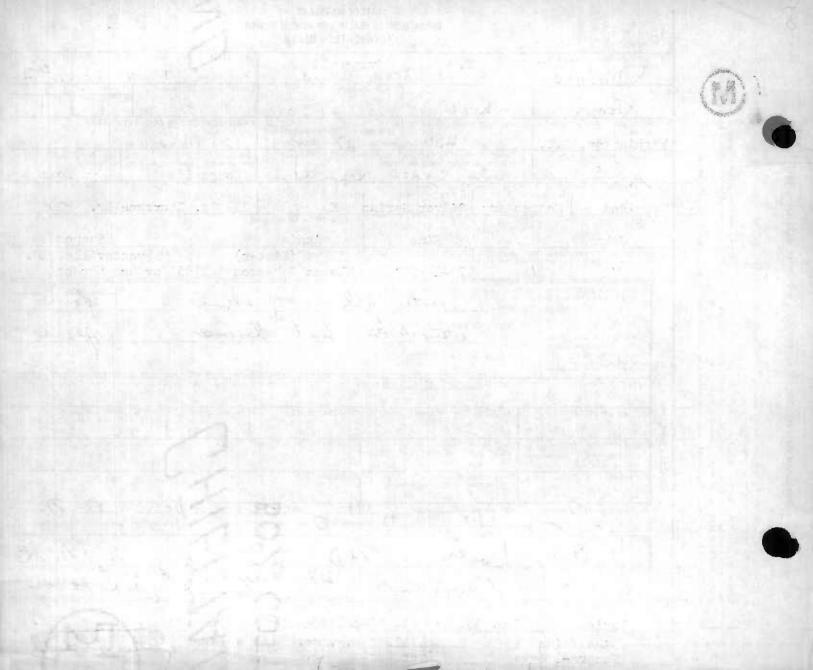
MARYLAND STATE DEPARTMENT OF HEALTH

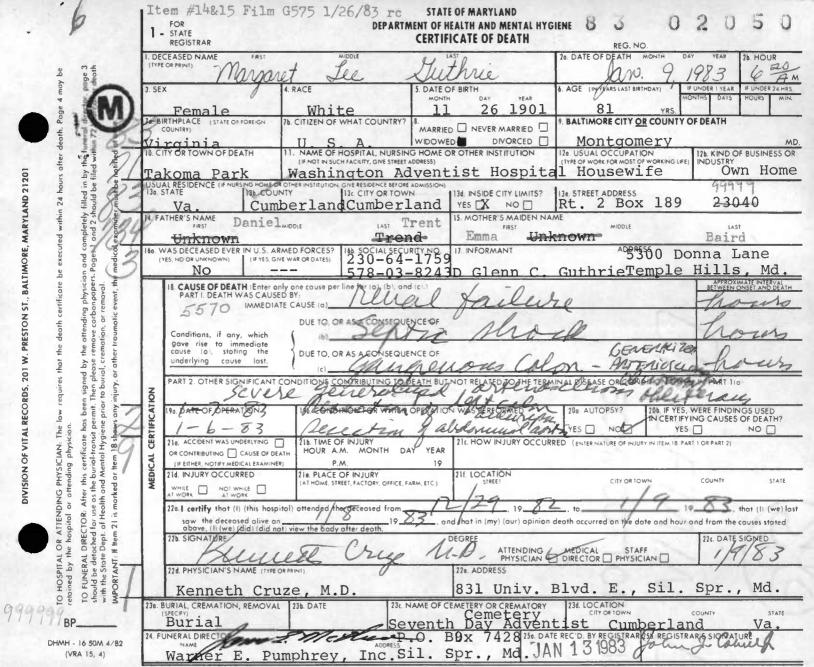
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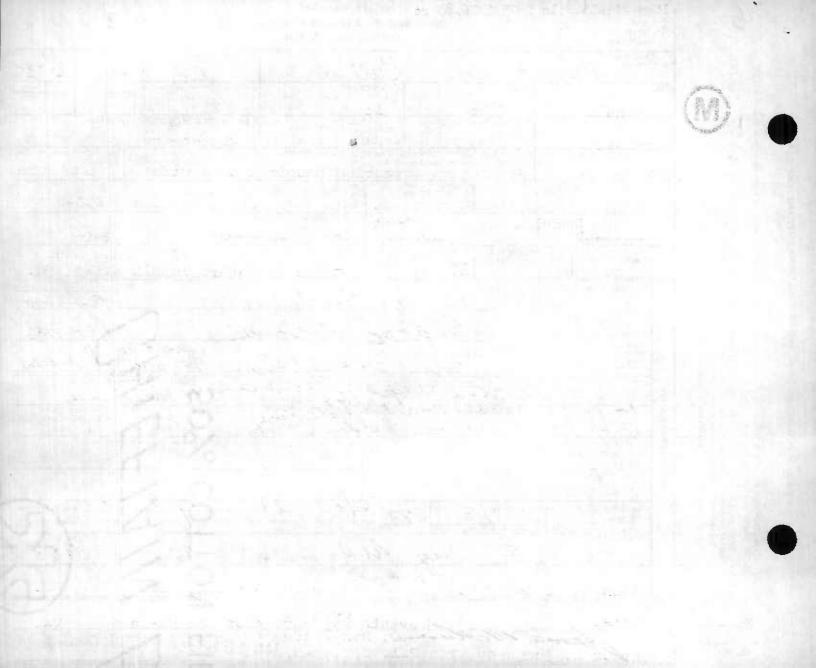
NU	1	FOR		1	DEPARTMENT OF	HEALTH	AND MENTAL H	YGIENE 3		3 2	0 4	3
	1.	STATE REGISTRAR		MEI	DICAL EXAMIN	NER'S C	ERTIFICATE O	FDEATH	REG. N	10.		
		CEASED NAME	FIRST		MIDDLE		LAST	20. DAT	KNOWN 1	-	DAY YEAR	26 HOUR
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PLEASE CLIOR. FLES. DURS	3. SE	X 4. RA		5. DATE OF BIRTH	6. AGE INY		DER TYR. TIF UNDER			MONTH		
2			- 1-	MONTH DAY	YEAR LAST BIRTH	MONTH		MIN PRONO	UNCED	7 /5	2 2-	
A SAM		Male Bl		Jul. 1, 1		RS.		9 BALT		OR COUNTY) P. M
NEGESSAR	1. F	DREIGN COUNTRY)		U.S.		1	ED 🛣 NEVER MARRI	ED 📗		_		
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Y IS THE 2011	177			(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDRESS)		EK INSTITUTION	FOR MOST OF W	ORKING LIFE)		OR INDIES	TRY
RE, MD. 21201 EATH. IF ANY DELAY IS NES. 1, 2, AND 3 TO THE R. PW. 3. RETAIN PAGE IND 2 SHOULD BE FILED EVITAL RECORDS, 201		ilver Spri		14727 B	lanton Roa	d		Sectio	n supe	rvisor	W.5.	5.0.
ANY AND 3 RETAIL	13a.	STATE	13b. COUNT		13c CITY OR TOWN			13e STREET ADD			209	04
2. A A B B B		aryland	Montgo	omery	Silver Sp	ring	YES NO	14727	Blanton	n Road	. ,	<i>D</i> 1
MD.	LE 14. F	ATHER'S NAME FIRST		WIDDLE	LAST		15. MOTHER'S MAIDE		MIDDLE		LAST	
ORE, ME DEATH. GGES 1, RM PM. 1 AND 2 OF VITA	14			orge M. C				Hattie A				
TIMORE, M	160.	WAS DECEASED EVE YES, NO, OR UNKNOWN)	R IN U.S. ARM		166. SOCIAL SECURI		17. INFORMANT		ADDRES		117.0	
BALTIMORE. IRS AFTER DEA. S. GIVE PAGES WITH FORM P WITH FORM P DIVISION OF	1	No			578-38-97	21	Dolores C	. Gross	(wife)	same	as #13	
: 5 % 3 - 0		18 CAUSE OF DE	ATH (Enter only	ane cause per line	far (a), (b), and (c).)			MINNEY			APPROXIMA BETWEEN ON	TE INTERVAL
W. PRESTON ST., WITHIN 24 HOUR ENCIL IN ITEM 18. MINER ALONG W TRANSIT PERMIT. NTAL HYGIENE, D NR REMOVAL.		PARTIDEATH		CAUSE (a)	cute myoca		disease					
ESTO IN III IN I		420	71	DUE TO, OR	AS A CONSEQUENCE	OF						
A ANS		Canditians, if) (b) h	ypertensiv	e myo	cardial dis	sease.				
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AAN BUILD		PART 2 DTHER SIGNIFIC	ANT CONDITIONS C	NTRIBUTING TO GEATH	BUT NOT RELATED TO THE TER	MINAL DISEASI	DR CONDITION GIVEN IN PAR	RT 1 (a).				
L RECORDS, 201 W. PRESTON JUD BE EXECUTED WITHIN 24 H "PENDING" IN PENCIL IN 1EN F AEDICAL EXAMINER ALON ED AS A BURIAL - TRANSIR PER HEALTH AND MENTAL HYGIEN IL, CREMATION, OR REMOVAL	No.			None								
L REAL FEE	MEDICAL CERTIFICATION	198 DATE OF OPE	RATION	196 CONDIT	TION FOR WHICH OPE	ration w	AS PERFORMED?				2D AUTOPS	Y?
OF VITAL RE ATE SHOULD F WORD "PE THE CHIEF A MENT OF HELA TO BURBAL, C	4	None		2 -							YES 🗆	NO 🛣
OF WENTER	W W	210. EXTERNAL CA	-	21b. TIME OF	MONTH DAY YEA		OW INJURY OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM 1	8 PART 1 OR PART	2)	
PI P	5 3	UNDERLYING CONTRIBUTING	JOR TCAUSE OF DI				None					
DIVISION S CERTIFIC RITING TH RDED TO FE 3 SHOU FE DEPARTY	ă	21d. INJURY OCCU			OF INJURY (AT HOME,		CATION	CITY OR	1.1	COUN		
DIN PHIS C WRIT WARDI WARDI AARE (ATE D	*	AT WORK AT	WORK	STREET, FACT	IORT, FARM, ETC.)		IREE	CITYON	IOWN	COUN	IY	STATE
RWY FWY STA STA STA				(4)	cribed above, held an				ry [X]. c	1.		
A TO SEE				[32]		Autop				and in my apin	lan	
EXAMINE CERTIFICA JUD BE FC DIRECTOI WITH TH		death resulted fro	m: Naturo	l causes	Accident L, S	uicide	, Hamicide	Undetermined	manner []	,		
WAY WAY		ACTUAL	10	8	Common -		.D. Deputy			DATE	1/10/	22
SHO	6	SIGNATURE			1		1919	MEDICALEX Seminary		SIGNED	1/10/	9,2
WED TO THE PARTY OF THE PARTY O	4	EXAMINER'S NAM	E Toh:	n S. Roge	ers. M.D.	/	ADDRESS Silve			gomerv.	. Md.	
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF! TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARMENT OF HE BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL.	730	BURIAL, CREMATION			23c. NAME OF CE			23d. LOCATION				
	. 30.	SPECIFY}	rial	1-13-83			orial Park	CITY OR TOWN		Monto		STATE
BP	24.	UNERAL DIRECTOR	LIAL	T-T7-07	Machine	-on Ci	reet 250. DATE R	REC'D. BY REGIST	RAR 756 REC	GISTRAR'S SIC	NATURE	
DHMH - 17 (VR A15 ME (5)		Seorge R.	Snowder	Rock	ville, Md.	2085	JAN	1 7 1983	3 100	un for	Course	a
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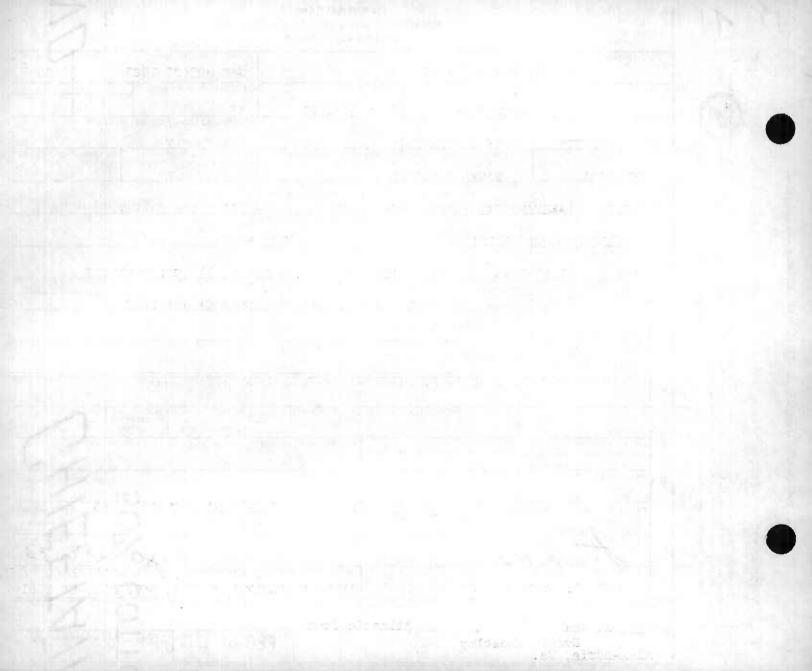
L. H. Chengie M., E.





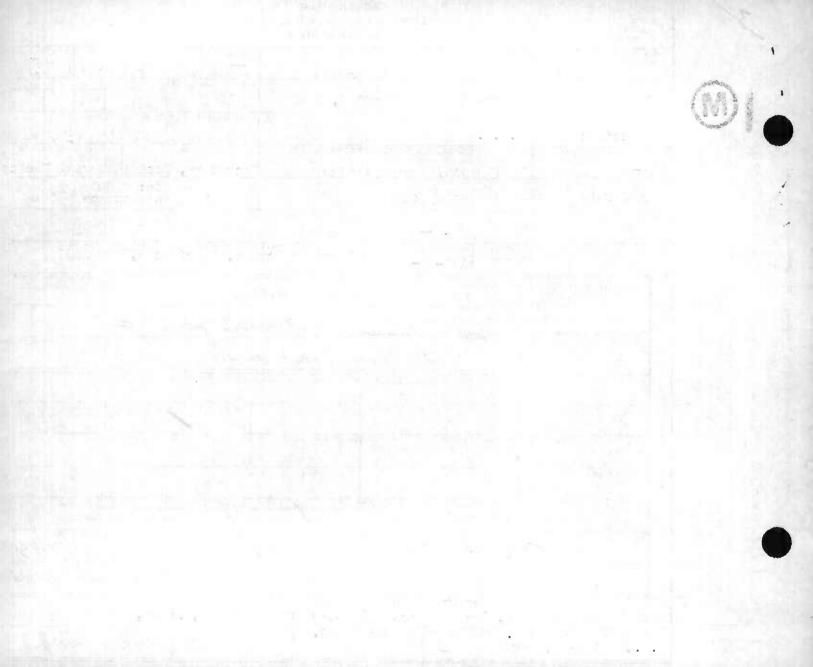


1	511	1	FOR - STATE REGISTRAR	DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 3 0	2051
			CEASED NAME FIRST	MIDDLE	· ·	AST		DAY YEAR 26. HOUR
	y be oge 3 deoth	(TYP	NORMAN NORMAN	N SEWARD HALLI		JANUARY 27 1983	$4:20^{a}_{M}$	
	OE OG	3. SE	X	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
	Poge (MALE	CAUCASIAN	JULY		55YRS.	
	a.	7e. B	IRTHPLACE (STATE OR FOREIGN)	76. CITIZEN OF WHAT COUNT	TRY? 8.	NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
	deoth.		ASSACHUSETTS	UNITED STATE	S WIDOWE	DIVORCED		MD.
		7 10. C	ITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S' 		OR OTHER INSTITUTION	12a. USUAL OCCUPATION 1TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR
102	by the		BETHESDA	NAVAL HOSP	ITAL		ATTORNEY	
2120	hou hou	USU 13a.	AL RESIDENCE (IF NURSING HOME OR O	OTHER INSTITUTION, GIVE RESIDENCE B		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	anaen
AND	filled nould	O V			NDRIA	YES NO	716 WOLFE STREE	ET 79777
RYL	within 12 sh)4. F.	ATHER'S NAME	AIDDLE LAST		15. MOTHER'S MAIDEN N	AME	LAST
X	cuted w		WILLIAM NORMA				N MEECH	LAUT
BALTIMORE, MARYLAND	ond co		WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIALS	SECURITY NO.	17. INFORMANT	ADDRESS	
LIMO	e e e		YES 1945-		0-0121	ALICE G.HALI	LIDAY, 716 WOLFE S	STREET
BAL	ficote l popera novol.		18. CAUSE OF DEATH (Enter ani	y ane cause per line far (a), (b), and (c).)	ALEXANDRIA	, VA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	a phy on po emo		PART I. DEATH WAS CAUSED IMMEDIATE	CAUSE (a) METAST	ATIC SM	ALL CELL CAR	CINOMA OF THE LUNG	g
NO	th ce corbin or r		1627	DUE TO, OR AS A CONSE	EQUENCE OF			
PRESTON ST.,	atter nave o otion, rroum		Conditions, if any, which gove rise to immediate	(b)				
¥.	the rem		cause (o), stating the	DUE TO, OR AS A CONSE	EOUENCE OF			
201 V	÷ 000 5		underlying cause lost.	(c)				
	equires n signe Then pl	Z	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART 1(a)
SO.	0 - 0 >	CERTIFICATION	19g. DATE OF OPERATION	19b. CONDITION FOR WH	HICH OPERATIO	N WAS PERFORMED	20g AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED
RE	The law icion.	F					_ IN CERTIF	YING CAUSES OF DEATH?
ITA	N: The species of the	18	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 F	2
OF.	SICIAN: ng physical certifical urial-tran tental Hy tem 18:		OR CONTRIBUTING CAUSE OF DEAT					
NO	> 75 × 75 × 15	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	21f. LOCATION		
DIVISION OF VITAL RECORDS,	of the the and and ked	M	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF	FICÉ, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
Δ.	pital or a TTENDING TOR: After for use as of Health		220-1 certify that (1) (this hospital	al) attended the deceased fire			, , , , , , , , , , , , , , , , , , , ,	19 <u>83</u> , that (I) (we) last
	ATTENI spitol CTOR: for us of He		saw the deceased alive on obove, (II did did did no)	JANUARY 27 1 Eview the body ofter death.	19 <u>83</u> , or	nd that in (my) (our) opinia	n deoth accurred on the date and hou	r ond from the causes stated
	OR A he hos DIREC oched Dept.		22b. SIGNATURE		14.19	DEGREE		22c. DATE SIGNED
	Al Call deto		Mally.	mp		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	275a83
	HOSPITAL ned by if FUNERAL JId be det othe State		224. PHYSICIAN'S NAME (TYPE OR	PRINT)		220 ADDRESS NAV	AL HOSPITAL, NAVAL	MEDICAL COMMAND
	1 2 2 4	2.4	STEVEN D. AVE	RBUCH, MD		NATIONAL CA	PITAL REGION, BETT	HESDA, MD 20814
	5 g 5 g 3 4	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY STATE
9999	9BP		rial at sea	(A) 1 (A)	Atlant	ic Ocean		
1111	DHMH - 16 50M 4/82	24 8		-Wheatley ADDRE		25a. D	TE REC'S BY REGISTION 251 BECUST	BAR'S SIGNAPURALLY
	(VRA 15, 4)		Alexandria, Va.	ADDRE			25 0 1500	



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME 25 HOUR TYPE OR PRINTS Tansor danuary 6. AGE (IN YEARS LAST BIR HOAY) 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR SEX Caucasian Female. April 7, DAY 1907 AR 75 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE I STATE OR FOREIGN MARRIED NEVER MARRIED U.S.A. Connecticut WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Secretary, Retired Burial Vaults 13e STREET ADDRESS Zip: 07003 New Jersey 135 Essex Bloomfield 102 Cleveland Terrace 999 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Amanda Nelson Ado1f Hanson D INFORMANT Harold Arnold DDRESS (Friend) 4013 Glenridge Street, Kensington, Maryland 20895 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IYES. NO OR UNKNOWN) HE YES, GIVE WAR OR DATEST 141-03-2993 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)." PART I. DEATH WAS CAUSED BY: ingretime IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF intertie otenosea Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 70s. AUTOPSY7 20s. IF YES, WERE FINDINGS USED 14s DATE OF OPERATION TO CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? TIL TIME OF INJURY 214. HOW INJURY OCCURRED: [ENTER NATURE OF HOURT IN TEM 18. PART 1 OR PART 2] The accident was underlying [1] HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFETHER, NOTIFY MEDICAL EXAMINERS P.M. 10 TH LOCATION 214 INJURY OCCURRED THE PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE FARM, ETC.) STREET NOT WHILE T 220.1 certify that (1) (this hospital) affected the deciproed from Denemary + 65. and that in (my) (our) opinion death becurred on the date and hour and from the causy stated saw the deceased alive on. the body after death obove, (1) (we) (did) (did not) vie DEGREE 221 DATE PHYSICIAN DIRECTOR PHYSICIAN should be deta with the State IMPORTANT: I 22d PHYSICIAN'S NAME (TYPE OR PRINT) ZZe. ADDRESS 236. BURIAL, CREMATION, REMOVAL 236. DATE January 236. NAME OF CEMETERY OR CREMATORY Drange, Essex, New Jersey STATE Burial/Removal 9, 1983 Rosedale Cemetery 250. DATE REC'D. BY REGISTRAR SHEGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, DHMH-16 30M 2/80 P.A. Bethesda, Maryland 20814 (VRA 15, 4)

STATE OF MARYLAND

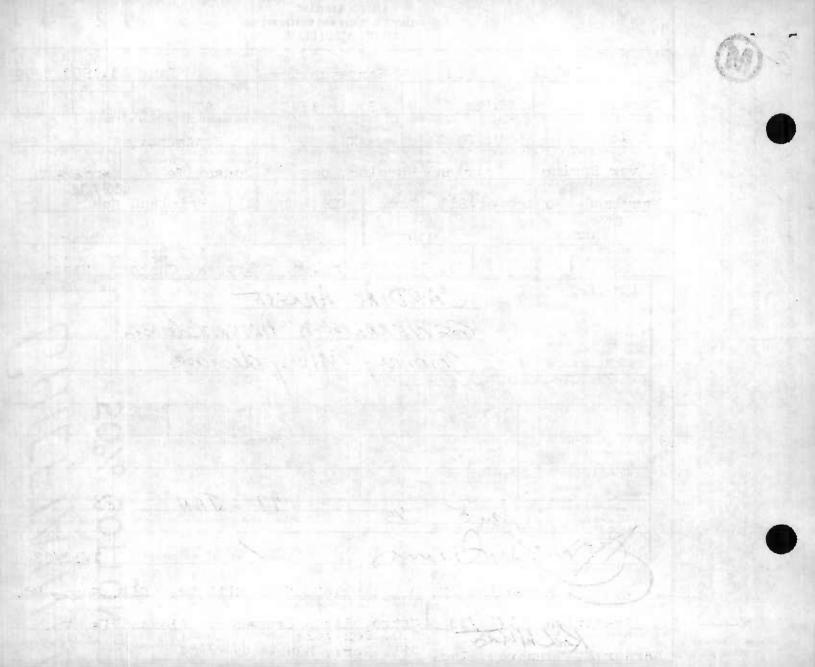


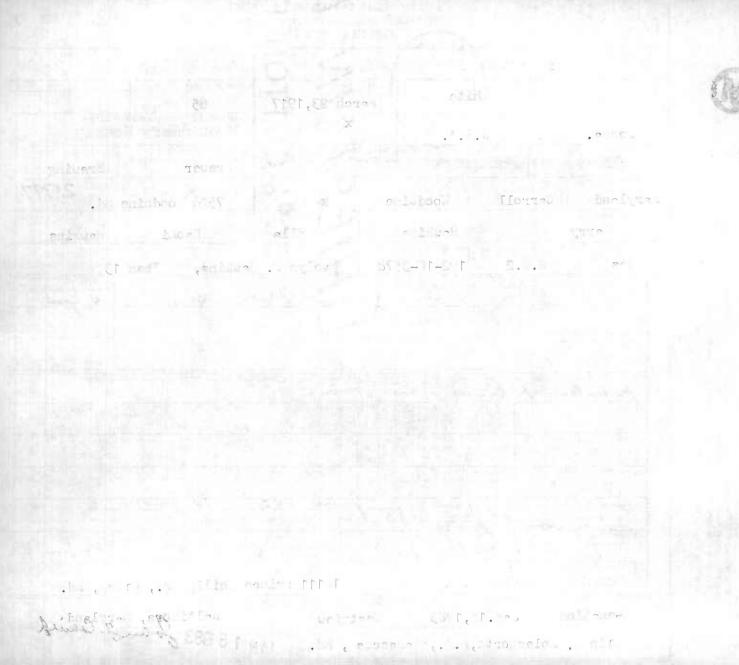
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH I. DECEASED NAME (TYPE OR PRINT) Betty Hardestv January A AGE HIN YEARS LAST BIRTHDAY 5 DATE OF BIRTH IF UNDER 1 YEAR May 15, 1934 48 Caucasian Female 7a. BIRTHPLACE I STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED West Virginia United Stateswidowed DIVORCED IX Montgomery ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 17b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS). Security Guard Vitro Labs Bethesda Suburban Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 13b. COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? 3350 Hewitt Avenue Montgomery Wheaton Maryland NO [4. FATHER'S NAME Stella Lowe Alfred Moore MAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Patricia Martin (Daughter) 1000 284-30-5334 NO Stephens Rd., Alexandria, Va. 223 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (b), (b), and (c).) lonoel PART L DEATH WAS CAUSED BY now. MMEDIATE CAUSE (n) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 RART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 10 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE 22a. | certify that (1) (this hospital) attended the deceased from and that in (fiy) bur) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED January 1983 ATTENDING should be deto with the State PHYSICIAN PHYSICIAN [22e ADDRESS 19221 Montgomery Village Aversburg, Sanford N. Richman M.D. 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Terra Alta Preston, W. Terra Alta Cem. Burial-Removal 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral 250. DATE REC'D. BY REGISTRAR 25b. DHMH - 16 50M 4/82 20814 Homes, P.A. Bethesda, Maryland (VRA 15, 4)

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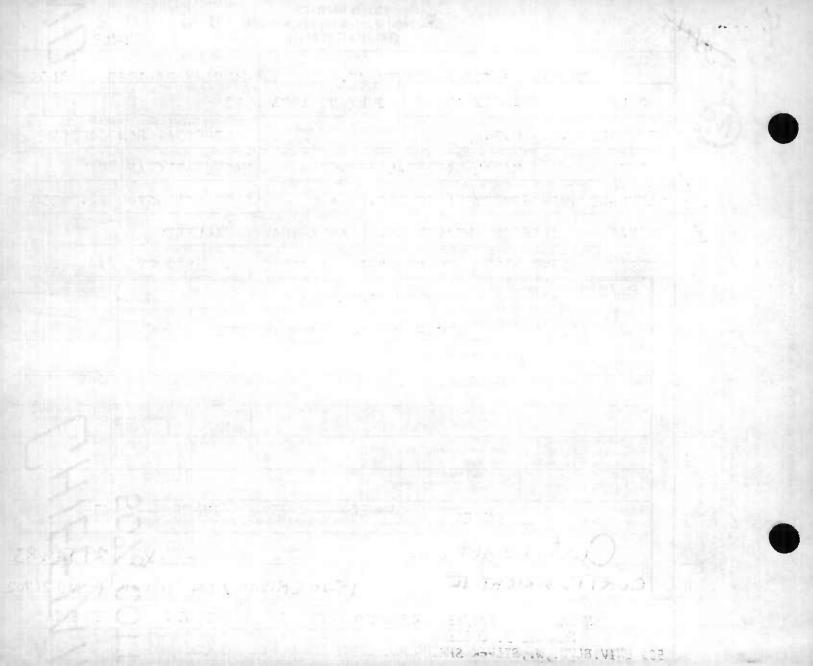
TEB 1803 Jan. S. Grash

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	(A)			REGISTRAR			CATE OF DEATH	REG. NO.			
2				CEASED NAME FIRST OR PRINT)	MIOOLE	LAS	it	20. DATE OF DEATH MON	TH DAY	YEAR 26 H	HOUR A
4.	63			Mabe:	B.		veycutter	Jai		1983	8:30
	9 4		3. SE.		4 RACE	5. DATE OF	BIRTH YEAR	6. AGE (IN YEARS LAST BIRTHDAY	IF UNDER	OAYS HOL	NDER 24 HRS
	ge 4		I	emale	White	6	12 1895	87	YRS.		ALL STATES
	Po dir	377	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8	□ NEVER MARRIED □	9. BALTIMORE CITY OR CO	OUNTY OF DE	ATH	
	leath in 72	of on		Ohio	U. S. A.	WIDOWED		Montgom	erv		MD.
	e fu	P C	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		OTHER INSTITUTION	12a USUAL OCCUPATION	12b.	KIND OF BU	SINESSOR
6	s of	not 10	Si	lver Spring	Fairland 1		a Home	Housewife		ZOX XIXI	X
212	hour be f	t pe	USU.	AL RESIDENCE (IF NURSING HOME COLTATE 136. COL	R OTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION)	3d INSIDE CITY LIMITS?	13e. STREET ADDRESS	20	9.71.	
N N	24 h	35		100.000	tgomerySil. S		YESXX NO	2101 Fairla	and Ro	ad	
XI.A	ithin tely 2 sh	line	14. FA	THER'S NAME	MIDOLE LAST		5 MOTHER'S MAIDEN N	AME			-
MAN	comple	(x)		Unknown	Bueh	rer	Emma	WIDDLE	Rı	hrer	
BALTIMORE, MARYLAND	5 0- /	icol		AS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC		17 INFORMANT	1 200 RESS	eapine	Rd	
WO	e exect	medico	(es, no or unknown) (IF yes, G	1VE WAR OR OATES) 579-54	-5033	Paul M. B	uhrer N. Cha	atham.	Mass	5
ALT	iceoi	the		18 CAUSE OF DEATH (Enter of	inly one couse per line for joi, big		1		B	APPROXIMATE TWEEN ONSET	INTERVAL AND DEATH
:	physic npape movol.	vent		PART I. DEATH WAS CAUS	ED BY:	DIAC	* HRRES	7			
N ST	ding orbo	tic e		4149		HENCE OF		1			
W. PRESTON	death otten ove co	omo		Conditions, if ony, which	DUE TO, OR AS ACONSEQ	ENAL	12ED +	INERID School	sen!		
98	he d he o emo	er fro		gave rise to immediate cause (a), stating the	DUE TO, OR AS A-CONSEO	UENICE OF	2 /	1			11.00
≥	by t	othe	146	underlying cause last.	DOE TO, OK AS LONSEO	nary	artery	alisoase			
201	and n ple	y, or		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE OR CONDITION	ON GIVEN IN P	ART Ico	70.00
RDS	n sign Then to b	injur	O	32 Table 1		,	/		4-5		
DIVISION OF VITAL RECORDS,	bee prior	ou O	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION	WAS PERFORMED	200 AUTOPSY? 200	CERTIFYING C	FINDINGS	USED
AL RI	he lon.	Swo	TIF					YES NO	YES [O [
ZIV.	N: T iysici cote cote consi	18 sh	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	DAV VEAD	21c. HOW INJURY OCCUI	RED (ENTER NATURE OF INJURY IN	TEM 18 PART TOR	ART 2)	
Ö	ICIA B ph B ph ertifi iol-ti	Hem 7	AL	OR CONTRIBUTING CAUSE OF DE	Ain I	19					
o N	HYS ndin his c	ö	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		21f LOCATION	CITY OR TOWN	cou	INITY	STATE
<u>N</u>	offer t	rked	×.	WHILE NOT WHILE AT WORK	(AT HOME STREET, PACTORY OFFICE	PARM, ETC.)	STREET		^		274
٥	APIN APIN Or APIN APIN APIN APIN APIN APIN APIN APIN	om .		220.1 certify that (I) (this hosp	oital) attended the deceased from		. 19_7		19.8	5 , that	(I) (we) lost
	TTEN potal TOR for t	21 is		saw the deceased alive a			that in (my) (aur) opinion	death occurred on the date o	nd hour ond fr	om the cous	es stoted
	NR A hos hos hed hed ept.	Hem	THE	The SQUATURE	V	DI	EGREE		221	DATE SIGN	NED
	y the y the RAL D detoc	± -		LAW	Mendun	n	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		1/13/	/83
	She mi or to	Z		122 PHYSICIAN'S NAME	CH PRINT)		22e. ADDRESS			1,10,	
	etoined b TO FUNE should be	PORT	13	John J Me	rendino. M. D		11620 Kem	n Mill Da	cil	Com	5M
	of of short	<u>×</u>	23a. E	URIAL, CREMATION, REMOVA			METERY OR CREMATORY	23d LOCATION	211	Spr	Md_
	BP			Cremation		let rong	olitan Cre	CITY OR TOWN	count kandri		STATE
		(00	24 Ft	INERAL DIRECTOR	//// P	O Bo	7428 250 DA	TE REC'D. BY REGISTRAR 256	REGISTRAR'S	GNATURE/	-
D	VRA 15, 4)	/82	TAT	arner E. Pum	phrey, Inc. S	il. Si	or., MalAN	191983	mon	June	
			YY	CALLED BY BUILDING	PILEY IIIC.						





(VRA 15, 4)

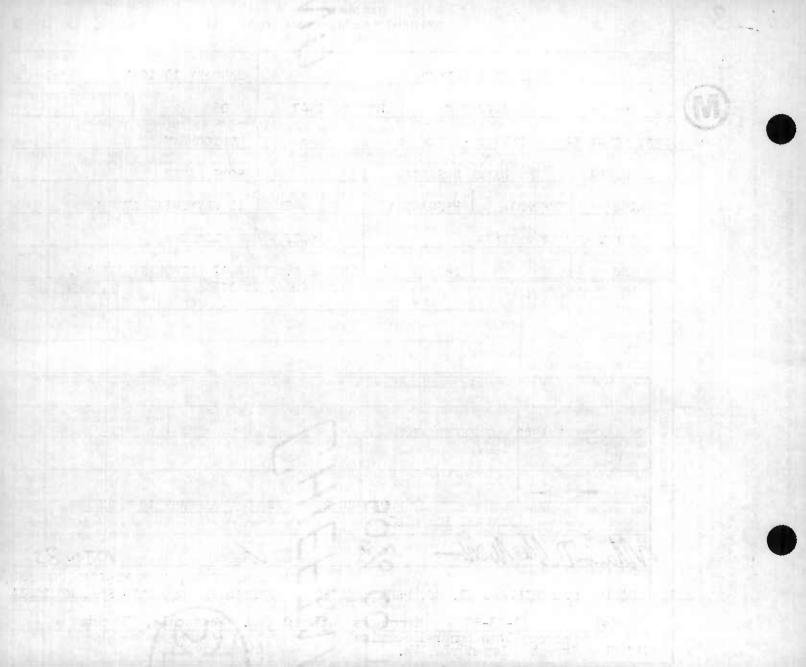


STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)



The Hysong Co. 1300 N St.N.W. Wash.D.C.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2b HOUR

TYPE OF WORK FOR MOST OF WORKING LIFE!

INDUSTRY at home

12b. KIND OF BUSINESS OR

IF UNDER I YEAR

Jeffersonian Manor

Lucas

Md.

IF UNDER 24 HRS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

COUNTY

STATE

22c. DATE SIGNED

Martinsburg, West Virginia

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR

FOR

REGISTRAR

- STATE

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4	1-	FOR STATE					0 0	0 2	060
1	1.06	REGISTRAR CEASED NAME FIRST	MI		NER'S C	ERTIFICATE OF	KEG		
52		CEASED NAME FIRST	GEORGIA	PAULINE		// HIATT	Or ESII-		
	2 05	6-eov	1912 /	2w/1m		1712 \$1	DEATH MATED	Jan	4 1983 10 PM
	3. SE:	1. RACE	S. DATE OF BIRTH				MIN PRONOUNCED	MONTH	24 145
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1	FC FC	IRTHPLACE (STATE OR PREIGN COUNTRY)	78. CITIZEN OF V	THAT COUNTRY?			XXXX	OK COUNTY	OF DEATH
_		iana ITY OR TOWN OF DEATH						onts	26 KIND OF BUSINESS
11	100	T. K D /	(IE NOT IN SUCH I	ACILITY, GIVE STREET ADDRESS)	1. OK OTH	ER INSTITUTION	FOR MOST OF WORKING LIFE)	(TYPE OF WOR	OR INDUSTRY
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72	13a. S	TATE / 13b CO	UNTY	13c. GOY OR LOWY		134 INSIDE CITY LIMITS	REET ADDRESS /	n.n	7 4 3
1	14.5	ATHER'S NAME	Mont.	10,110	1	- ANALOGE AND A	8730 FINE	A SAINE L	1 Mpt 1001
50	1	George	MIDDLE	Hiatt		Frances	MIDDLE		Norman
1	Jón V	WAS DECEASED EVER IN U.S.	ARMED FORCES?		IY NO		ADDR	RESS	-10 Linux
1	()	(IF YES, C	NA ATES)						as 13e)
	-			_1			20000000	- (Dame	
1		PART I DEATH WAS CAU	SED BY:	DEATH MATED					
Y AL		4291mmet	/ DUE TO O	P AS A CONSEQUENCE	OF	-/riy	9050015	1001	
REMOVAL		Conditions, if any, wh		K AS A CONSCOULACE	OI .				
X X		gave rise to immedi cause (a) stating the und	5	P AS A CONSEQUENCE	OF				
AL, CREMATION, OR		lying cause last.		N AS A CONSEQUENCE	OI .				
		PART 2 OTHER SIGNIFICANT COMDITION		H BUT NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITION GIVEN IN PART	[1(n)		
	Z	Non	~			or conortion offen in take	1100		
-	ATI	196. DATE OF OPERATION	19b. COND	ITION FOR WHICH OPE	RATION W.	AS PERFORMED?	1 1 1		20 AUTOPSY?
3	1 2	Non	8/						YES O NO.
3	CERTIFICATION	210 EXTERNAL CAUSE WAS			21c HC	OW INJURY OCCURRED	LENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART	
5		UNDERLYING OR CONTRIBUTING CAUSE			K				
	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY (AT HOME,				- (196)	
	*	WHILE AT WORK	SINEET, FA	CIORT, FARM, ETC.)	5	INCE	CITY OR TOWN	COUN	STATE
_			area of the remains di	recibed above held	Autor	y D byersta	X	and in my	
			arge at the remains di atural causes (20),					ana in my apin	non
KI		death resulted fram: N	nuroi couses E.Y.	Accident LJ, S	viciae 🔲		Undetermined manner [,	
		ACTUAL SKRIATURE	30	1500		DE SPECIFY)	HEDICALEVALUE	DATE	15nx 1982
N TO						U. Corpia	MEDICAL EXAMINER	SIGNER	
SALIIMORE, MARYLAND, Z	100	EXAMINER'S NAME (TYPE OR PRINT)	John S.	Rogers, DMI	E	ADDRESS 1905	Seminary Rd	., S.S.	Md.
BALIN	23a.B	URIAL, CREMATION, REMOVA				ADDRESS			
	1	Burial	1-10-1983			Cemetery	Cincinnati	COUNT	°Öhio
	1	UNERAL DIRECTOR	ADDRE	11800 N.H.	Ave.	9 250. DATE RE	EC'D. BY REGISTRAR 266. F	REGISTRAR'S SIC	SNATURE
)	Hi	nes/ Rinaldi F	uneral Hon	ne S.S. Md.	209	004 TAN 6	1983	in for	shield
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		FOR STATE REGISTRAR	DEPAR	TMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 8 3	0	2	0 6 1	
	1. DE	CEASED NAME FIRST ROBERT	bert P.	· /-	Hicks	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR _	_
	3. SE	Male	4.RACE White	MON 8	OF BIRTH TH DAY YEAR 27 27	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	HOURS MIN.	-
		RTHPLACE (STATE OR FOREIGN TOUNTRY) TIllinois	76 CITIZEN OF WHAT COUNTRY U.S.A.	? 8 MARRI WIDOW	ED NEVER MARRIED	Montgome	9 BALTIMORE CITY OR COUNTY OF			
	Ro	ckville	11. NAME OF HOSPITAL, NURS Potomac Valley	Nursi	ng Home	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O Sales Dep	ON F WORKING LIFE)	INDUSTRY	MD F BUSINESS OR F Co.	
1	13a. S Md		other institution give residence before the color of the gomery Potoms	WN	13d. INSIDE CITY LIMITS?	34 Orchard	l Way S	2	20854	
1		Roscoe	MIDDLE LAST Hick		15 MOTHER'S MAIDEN NA	MIDDLE		Peters		
l		VAS DECEASED EVER IN U.S. AR TES NO OR UNKNOWN) (IF YES GIV	MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 360-16-2		17 INFORMANT Kathleen Hic	ADDRE ks. Same as				
	7	Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause last.	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c) ONDITIONS CONTRIBUTING TO	UENCE OF	TNOT RELATED TO THE TERM		DITION GIVEN	13	MATE INTERVAL INSET AND DEATH	
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	DN WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO			-
	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	DAY YEAR		RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	(1 OR PART 2)		-
	MED	21d. INJURY OCCURRED WHILE ON WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	FARM, ETC)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
		220.1 certify the (1) (this hospit saw the deceased alive an abave (1) (we) (did) did not 22b. SISNA) URE	al) attended the deceased from	83.0	DEGREE ATTENDING	death accurred an the da	F			
1		Robert +	+ Blee 1	nD	PHYSICIAN (director PHYSIC) Ave	#4	114	
	23a B	URIAL, CREMATION, REMOVAL SPECIFY) Burial			ncoln Cemeter	23d LOCATION CITY OR TOWN Brentwoo	d Mar	yland.	STATE	

DHMH - 16 50M 1/B1 (VRA 15, 4)

Burial 1/28/1983 Ft. Lincol: 24 FUNERAL DIRECTOR Joseph Gawler's Sons Inc. 5130 Wisc. Ave., N.W. D.C.

Maryland. JAN 28 1983 July & Company Com constitue and the second district of the seco WHERE IN The second near test in the near test in the contract in SC- - - Company to the company of th

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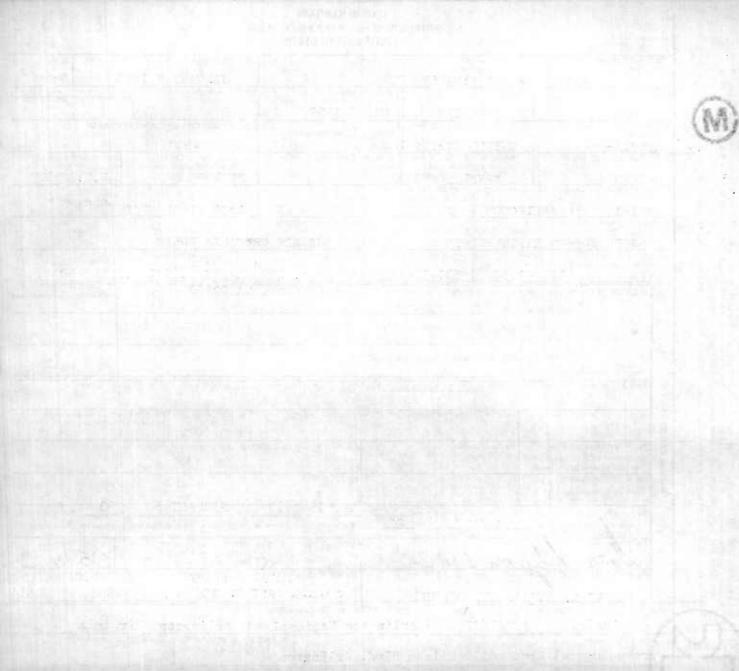
and the control of th

Murphy Funeral Home 4510 Wilson Blvd. Arlington

24. FUNERAL DIRECTOR

DHMH - 16 50M 4/B2

(VRA 15, 4)



همر الأباء لاء -	1.	FOR • STATE REGISTRAR		DEPARTN	NENT OF H	OF MARYLAND EALTH AND MENTAI ICATE OF DEATH	L HYGIENE 8	0 2	0 6
M)		CEASED NAME FIRST RUTH		IDDLE		nberg	January 26		26 HOUR 2:0
rs offs	3 SE F	× EMALE	4 RACE WHITE		JUL JUL		6. AGE LIN YEARS LAST BIRTHI	MONTHS DAY	
in 72 hou		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MARRIED	3.0	COUNTY OF DEATH	
Softlied with	Si	lver Spring	Holy C	ross Hos	pital	R OTHER INSTITUTION		N 126 KIND WORKING LIFE) INDUSTR	OF BUSINES
should be	13a			ROCKVIL	V	13d INSIDE CITY LIMITYES X NO	261 CONGRE	2085Z SSIONAL LA	NE
ond 2 s		ATHER'S NAME FIRST	WIDDLE	COHEN		MOLEY	N NAME	MA	ZISUCK
s. Pages 1	16a V	YAS DECEASED EVER IN U.S. 9S. NO OR UNKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES)	117-22-		ADELE COH	EN, SILVER SPRI	SA DRIVE NG MARVIA	ND
os been signed by ermit. Then pleose e prior to burial, c is ony injury, or of	CERTIFICATION	PART 2 OTHER SIGNIFICAN				NOT RELATED TO THE	TERMINAL DISEASE OR CONDI	TION GIVEN IN PART 20b. IF YES, WERE FIND IN CERTIFYING CAUSI	DINGS USED
iol-transit p ntol Hygien em 18 show		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M	MONTH DA	Y YEAR	21c. HOW INJURY O	YES NO X	YES	NO [
ked or h	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE O			211. LOCATION STREET	CITY OR TOWN	COUNTY	ST
etached for use o		224 I certify that (I) (this ha sow the deceased alive above, (I) (we) (did) (did 22b.	00 1/25	183 10	, an	DEGREE		Jan	TE SIGNED
should be det with the State MPORTANT:		22d PHYSICIAN'S NAME (1VE	benstein,	M. D.		22e ADDRESS 11 Si	161 New Hampshi lver Spring, MI	re Avenue	1983
s > <u><</u>		BURIAL, CREMATION, REMOV URTAL	AL 236 DATE 1/28/19			ISRAEL CEME	ORY 23d LOCATION	ND, ALBANY	. NEW
M 1/B1 4)		NALDREMIORSTEIN 32 CARROLL STR	HEBREW M	EMORIAL	FUNER	AL HOME 250	I DATE REC'D. BY REGISTRAR	REGISTRAR'S SIGNA	ATURE

Hoc berg January 26, 1983 Harring Spring Holy Cross Nospital Jackson Jackson Market Western 1935 Silver Sering, Williams Avenue, 1931 Marana J. Rubons to in, M. E. A CONTRACT OF THE PARTY OF CONTRACT OF THE STATE OF THE S

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

8	3	()	2	U	6	4

L	REGISTRAR		CERTIFICATE OF DE	ATH	REG. NO			
	CEASED NAME FIRST	MIDDLE	LAST	20	DATE OF DEATH	AONTH DAY		HOUR
	Ani	ta B.	Holm			1 29	83	1 A. M
1 SE		4 RACE	5. DATE OF BIRTH	YEAR 6. A	AGE (IN YEARS LAST BIRTH	MONTH		IF UNDER 24 HRS
	Female	White	3 16	93	89	YRS.	DAIS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MA	RRIED 9 E	BALTIMORE CITY OF	COUNTY OF D	EATH	
1	VORWAY	U.S.		RCED -	mont	gomer	y	MD.
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET		011011	USUAL OCCUPATION OF OF WORK FOR MOST OF		. KIND OF	BUSINESS OR
-	wer Spring	Holy Cros	s Hospit	al	Retired		elf er	nployed
130	AL RESIDENCE (IF NUR UND			LIMITS? 13e	STREET ADDRESS			902
-		ntgomery wheo		10 0 2	1384 91	enmon	+ Ci	- 105
14_F		MIDOLE LAST	15. MOTHER'S A		WIDDLE		LAST	
	Johann	Brath		nzita		I	eders	son
		MED FORCES? 166 SOCIAL SECU			10414 Bu	rnt Embe	er Dri	Lve.
	14/21	089-30-	8466 ATCTOL	TOTIII-SOI	Silver S	pring. N	1d. 20	1903
	18 CAUSE OF DEATH Enter on PART I, DEATH WAS CAUSE	nly one couse per line for (a), (b), one	dic	A./ -	-4.4.40	1 2		SET AND DEATH
		TE CAUSE 10 CHE DIO R	ESPIRATO	RY F	-HILURI		_//	4R.
	3678	DUE TO, OR AS A CONSEQUE	NCE OF	A11 77	2.1.51 45	an man		1
	Conditions, if ony, which gove rise to immediate	(b) 1401E	DISTAL SM	MLL B	DWELOR	SIKUCL	1 4	VEEK
	couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	NCE OF CICM	100	1001	207	211	JEEKS
115		(LESION						JECK>
Z	TOANS IT	CONDITIONS CONTRIBUTING TO	CAPCIAL A	O THE TERMINA	L DISEASE OR COND	ITION GIVEN IN	PART 110	
ATE	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORM	AED I	70n AUTOPSY?	20b. IF YES, WER	FEINDING	SLISED
CERTIFICATION	20 JAN 1983		STRUCTION	0	YES NO X	IN CERTIFYING YES	CAUSES O	F DEATH?
-	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR 216. HOW INJU	RY OCCURRED	(ENTER NATURE OF INJURY	IN ITEM 18 PART 1 O	R PART 2)	S THE
EDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	1111	19					
MEDI	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F	ARM ETC) 21f. LOCATION STREET		CITY OR TOW	'N CC	VINU	STATE
-	AT WORK AT WORK							

220 I certify that (1) (this hespital) attended the deceased from sow the deceased olive on 28 AN 19

DEGREE

ATTENDING PHYSICIAN

MEDICAL STAFF
DIRECTOR PHYSICIAN

that (I) (we) last

Harold S. Tidler, MD.

22e ADDRESS

9801 Georgia Avenue, Silver Spring, Md.

and that in (my) (and opinion death occurred on the date and hour and from the causes stated

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation 24 FUNERAL DIRECTOR

FOR

23b DATE 1-30-83 23¢ NAME OF CEMETERY OR CREMATORY Lee's Crematory

23d LOCATION
CITY OR TOWN
Washington, DC

COUNTY STATE

11800 N.H. Ave., Hines/Rinaldi Funeral Home S. Md. 20904

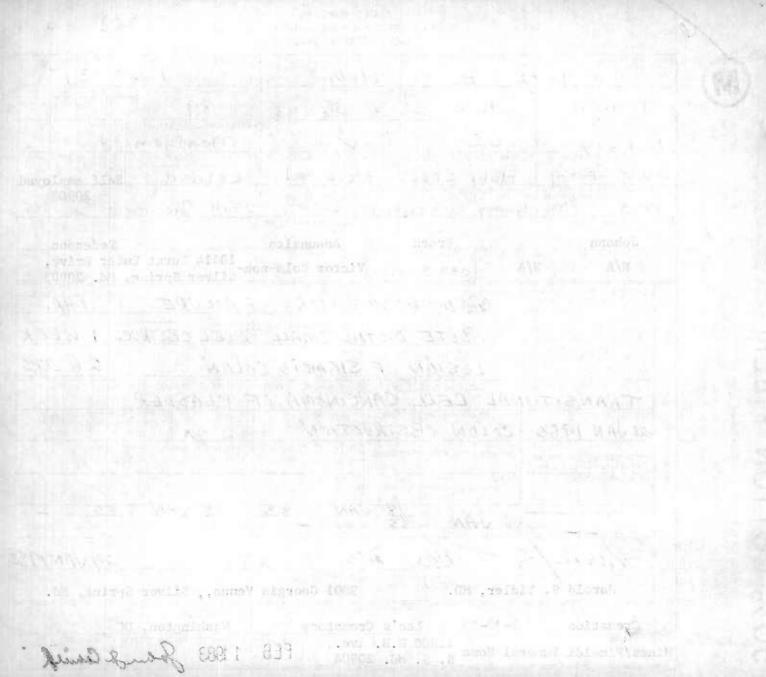
FEB 1

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

should be detoched for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to by

MPORTANT: If Item 21 is morked or Item 18 sho



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN TTYPE OR PRINT! ESTI-DEATH MATED DATE OF BIRTH SEX 4 RACE AGE (IN YEARS IF UNDER 24 HRS DATE AST BIRTHDAY PRONOUNCED DEAD 9 BALTIMORE CITY MARRIED NEVER MARRIED Maryland U.S.A. DIVORCED 10. CITY OR TOWN OF DEATH IN NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Housewife AL RESIDENCE IN NURSING 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120 Howard Maryland Mt.Airy 16624 Frederick Rd. 21771 NO T 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Miller Thomas F. Leishear Molesworth 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT 16504 Frederick Rd. (YES, NO, OR UNKNOWN) 219-42-6380 Wm. T. Hood, Jr. Mt. Airy. Md. 21771 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ED AS A BURIAL - TRANSIT PERMI HEALTH AND MENTAL HYGIENE, I, CREMATION, OR REMOVAL. IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 5 one YES GE 3 SHOULD BE U OR TO BU 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TE PLACE OF INJURY (AT HOME, 21 LOCATION EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 22a I certify that I taak charge of the remains described above, held on Inspection and in my apinian Natural causes death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE. EXAMINED'S NAME John S. Rogers, M.D. Silver Spring, Md. ADDRESS 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE Burial Jan. 27, 1983 Poplar Springs Poplar Springs. Howard BP. 24 FUNERAL DIRECTOR NATOlin L. Molesworth, ADDPS. A., Damascus, Md. **DHMH - 17** (VR A15 ME (5)) 20M 4/B2

e ludelo Topon Della The state of the s Ya. 101 GOT FAR . U. Horecose Allor 11-4-40 inco, etc. ... it., 16. 21/11 more defeation of the . בי לאור ביינות הוא המוצה, ובל

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1			FOR STATE		DEPARTMENT OF	HEALTH AN	ID MENTAL H	YGIENE 3	0	2 0	0 0
-	4		REGISTRAR	ME	DICAL EXAMIN	ER'S CER	TIFICATE O	F DEATH	REG. NO.	130	
			CEASED NAME FIRST		MIDDLE	LAST		2g DATE	NOWN DM	ONTH DAY Y	EAR 76 HOUR
EQUIL.	-	{TYP	E OR PRINT)		11 1	1 //	,	OF	ESTI-	. 1,	2 505
	E TO A SE		Wills	E MA	larber	7/1	48VC1	DEATH	MATED L	1/19	3 AM
- 0	LATA DE	3. SEX	1 RACE	S. DATE OF BIRTH	6 AGE (IN YEAR LAST BIRTHD)		1 YR. IF UNDER	24 HRS 2c. DATE MIN PRONOUN	CED	TOAY	TEXE 24 HOUR
	E Z Z Z		Mu	Marcas	20 +4 YE	. Marinio	DATS HOURS	DEAD	190	2 // 10/	F7 00%
	NA NE	70 B	RTHPLACE (STATE OR	76 CIVIZEN OF W			~	9. BALTIM	DRE CITY OR CO	OUNTY OF DEAT	H
	品数な手路が、	FE	lashington, D.C.	USA			NEVER MARRI		11-	2	
	学 5000 マート					WIDOWED (10n	(6 8 m	eVJ MD.
	AGE THE P	10. C	TY OR TOWN OF DEATH	11. NAME OF HOS	SPITAL, NURSING HOME ACILITY, GIVE STREET ADDRESS.	, OR OTHER IN	ISTITUTION	12a USUALOCCUP FOR MOST OF WORK	ATION (TYPE OF V	OR INC	DE BUSINESS DUSTRY
	TI SE POLE		ZIGIZVIC	111	arh K	LUT.	+ HER	Printer-I			
	F1 2 44		L RESIDENCE (IF IN NURSING HOME O	ROTHER INSTITUTION, G	IVE RESIDENCE BEFORE ADMISSI	(MC	0 100			20017	
2120	AND 37	13a. S	TATE 1 136. COUNT	Y	13c CITY OF TOWN		INSIDE CITY LIMITS?	13e STREET ADDRES	S	-47/-	111
	4 S B S B	1	red rou	wh.	1/2013	U/c YE		1444	Buch	AVE /	466 61
9	SA S	14. F/	THER'S NAME	MIDDLE	LAST	15. A	NOTHER'S MAIDE	N NAME	DDLE	LAST	
wi wi	POMENTA PARTH I AND STANDS	1	Robert M. Hoov	er			Anna	G. Johnson	1		
Q	TER DEATH E PAGES 1, FORM PM SES 1 AND JON OF VIT	16a. V	VAS DECEASED EVER IN U.S. ARA	AED FORCES?	166. SOCIAL SECURITY	Y NO. 17. II	VFORMANT .	Faulkner,	ADDRESS 63	2	
Ě	E P SS O		es, no, or unknown) I IF YES, GIVE V	VAR OR DATES)	578-36-046	56 R	obert M.	Hoover-B	10. P 0	Boy #6	7
BALTIMORE, MD.	JRS AFTER S. GIVE PA WITH FOR		lo Non	.0	1710-30-040) IN	ODCI U MI	1100161 21	r.0.		
	: 5°3 ≥ 1:0		18 CAUSE OF DEATH (Enter onl		e for (o), (b), and (c).)	1	1	1	, ,		ONSET AND DEATH
in Z	24 HOUR ITEM 18. LONG W PERMIT. GIENE, D		PART I DEATH WAS CAUSED	E CAUSE (a)	1/cw	80/	1440	cardo	2 (1)	ic	
PRESTON ST.	25555		4291		AS A CONSEQUENCE	OF			1		
S S S S S S S S S S S S S S S S S S S	WITHIN NCIL IN NINER A IRANSIT VIAL HY		Conditions, if any, which	1	06.0		Ans	11.1.1	. 1 /	S. A	
•	RAME		gave rise to immediate	(b)	C-1000	nic	10170	- all	121/	/ ()	
201 W.	OF STANC		couse (a) stating the under- lying couse lost.	DUE TO, OR	R AS A CONSEQUENCE (OF .					
20	ULD BE EXECUTED WITHIN 24 HOW "PENDING" IN PENCIL IN ITEM 11 FF MEDICAL EXAMINER ALONG ED AS A BURIAL-TRANSIT PERMIT HEATH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL.			(c)		Bull III					
DS	WATIN WATIN		PART 2 OTHER SIGNIFICANT CONDITIONS O	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE OR CO	DNOITION GIVEN IN PAI	RI I io			772
Ö	SAA	Z	1/2	.//	AL. 84	-	1 5000	-1 Di			
E	PENDING BE	CERTIFICATION	19a DATE OF OPERATION	LISE CONDI	ITION FOR WHICH OPER	ATION WAS PI	FREORMED?	Y DIS	4	20. AUTO	DCV2
₹	SHOULD ORD "PE CHIEF N E USED A LURIAL OF HE	2	1/	110 CONDI	TION TOK WINCH OF EK		ENI ONINED.				
<u> </u>	382255	E	/ vone							YES	□ NO.
- L	HAT ONE	8	210. EXTERNAL CAUSE WAS	216. TIME OF	FINJURY A. MONTH DAY YEAR		NJURY OCCURRE	D LENTER NATURE OF INJ	JRY IN ITEM 18 PART	OR PART 2)	
Z	SECSE	₹	UNDERLYING OR CONTRIBUTING CAUSE OF D			i					
Si	CERTIFICATE TING THE W DED TO THE 3 SHOULD BEPARTMEN 1 PRIOR TO	MEDICAL	214 IN IURY OCCURRED	21e PLACE		21f LOCATIO	ON				
	O E O C O C O C O C O C O C O C O C O C	¥ S	WHILE NOT WHILE AT WORK	STREET, FAC	TORY, FARM, ETC.)	STREET		CITY OR TOV	/N	COUNTY	STATE
2	0) 4 4 (1) [5]		AT WORK - AT WORK	' l							
DIVISION OF VITAL RECORDS.	≡ ≥≥≥≥≤≡		AT WORK								
NA	R: THIS NTE, WR DRWARI R: PAGE E STATE ID, 2120			of the remains de	scribed above, held an	Autapsy]. Inspection	Inquiry	and in	my apinion	
Ä	INER: THI ICATE, W FORWA TOR: PAC THE STAT		22a. I certify that I took charge], Inspection	/		my apinion	
iAid	AMINER: THI STIFICATE, W BE FORWA RECTOR: PA(TITH THE STA) RYLAND, 212		22a. I certify that I took charge	e of the remains de		icide .	Hamicide .	Inquiry Undetermined ma		my apinion	
iala	EXAMINER: THI CERTIFICATE, W ULD BE FORWA DIRECTOR: PA , WITH THE STAT WARYLAND, 212		22a. I certify that I took charge			icide .		/		my apinion	111662
	AL EXAMINER: THI HE CERTIFICATE, W HOULD BE FORWA HOULD BE FORWA ALL DIRECTOR: PAR ALL WITH THE STAT RE, MARYLAND, 212		22a. I certify that I took charge			icide .	Hamicide .	/	nner [],	my apinion	111982
	DICAL EXAMINER: THI TE THE CERTIFICATE, WA SHOULD BE FORWA NERAL DIRECTOR: PA ODEATH, WITH THE STA NORE, MARYLAND, 217		22a. I certify that I took charge death resulted fram: Nature			icide .	Hamicide .	Undetermined ma	nner [],	my apinion	111982
	MEDICAL EXAMINER: THI CUTE THE CERTIFICATE, W SE 4 SHOULD BE FORWA FUNERAL DIRECTOR: PA FUNERAL WITH THE STA TIMORE, MARYLAND, 217		228. I certify that I took charge death resulted fram: Nature			icide , T M.D. 4	Hamicide	Undetermined ma	nner [],	my apinion	111982
		230.8	22a. I certify that I took charge death resulted from: Nature ACTUAL SIGNATURE EXAMPLES NAME LUFE OR PRINTI URIAL CREMATION, REMOVAL [2]	al causes	Accident . Su	M.D. ADDR	Hamicide	Undetermined ma	nner [],	DATE Z 2 N	111982
		23a.B	22a. I certify that I took charge death resulted from: Nature ACTUAL SIGNATURE EXAMPLES NAME LUFE OR PRINTI URIAL CREMATION, REMOVAL [2]	al causes	Accident . Su	M.D. ADDR	Hamicide	MEDICAL EXAM	INER	COUNTY	1119P2
	TO MEDICAL EXAMINER: THE CERTIFICATE, WE PAGE 4 SHOULD BE FORWA TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STAIL BALTIMORE, MARYLAND, 217	(22a. I certify that I took charge death resulted fram: Nature SIGNATURE EXAMPLES NAME URIAL, CREMATION, REMOVAL 2. PCCFY1 BUTIAL	al causes 🔂.	Accident . Su	M.D. ADDR	Hamicide ITLE (SPECIFY) PRESS_ EMATORY Cemetery	MEDICAL EXAM	INER S	COUNTY	1119P2 STATE
		24 F	22a. I certify that I took charge death resulted from: Nature ACTUAL SIGNATURE EXAMPLES NAME LUFE OR PRINTI URIAL CREMATION, REMOVAL [2]	3b. DATE 1-13-8	Accident . Su 33 23c. NAME OF CEA Fort L	M.DADDR METERY OR CRE incoln	Hamicide ITLE (SPECIFY) PRESS. EMATORY Cemetery 1750 Dates	MEDICAL EXAM	INER S	COUNTY	1119P2

and the second response

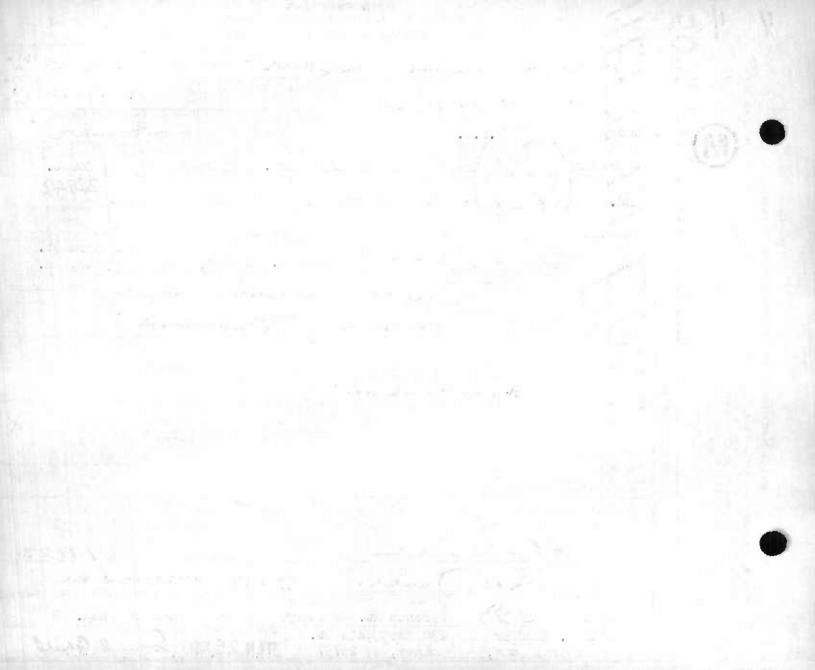
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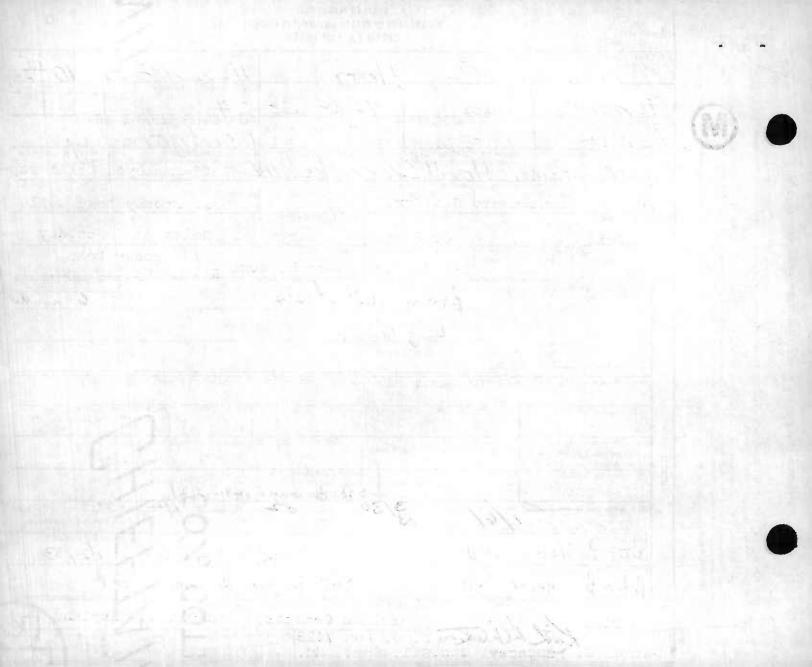
HI	FOR		ATE OF MARYLAND F HEALTH AND MENTAL H	YGIENE /	2061
1	STATE REGISTRAR		NER'S CERTIFICATE O		2001
1.0	DECEASED NAME FIRST	MIDDLE	LAST	20. DATE KNOWN	MONTH DAY YEAR 26 HOUR
	TYPE OR PRINT) Maune	e Eugene	Hopkins	OF ESTI-	1-19 1983 4"
3 2	EX 4. RACE	S. DATE OF BIRTH SAN LAST BIRT	YEARS IF UNDER 1 YR. IF UNDER		MONTH DAY YEAR 24 HOUR
	m	10 21 17 65		MIN. PRONOUNCED DE AD	1-18-82 die
Z 170.	BIRTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRI	P. BALTIMORE CITY OR	COUNTY OF DEATH
	Kentucky	U.S.A.	WIDOWED DIVORC		damens WD
2/10	Gaithersburg	AME OF HOSPITAL, NURSING HO		FOR MOST OF WORKING LIFE) Plumber	FWORK 126. KIND OF BUSINESS OR INDUSTRY
The second		OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM	-	Limitoer	- 4
5 130.	STATE NO COUNTY	e Georges Berwyn He		8613 63rd Stre	eet 20740
7 14.	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDE	N NAME MIDDLE	LAST
20	William	Hopkins	Myrt	Le 1	Wyatt
1/ 160.	. WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECU	RITY NO. 17. INFORMANT	ADDRESS8	613 63rd St.
1		d War II 407-18-0	Mary E. H		Heights, Md.
	18. CAUSE OF DEATH (Enter or	nly one cause per line for (a), (b), and (c),		0 1 0	APPROXIMATE INTERVAL
	PART I DEATH WAS CAUSE	D BY: TE CAUSE (0)	me mup car	dia utanc	DET THE TOTAL THE DEATH
RIAL, CREMATION, OR REMOVAL.	4100	DUE TO, OR AS A CONSEQUENCE	CE OF		
REV	Conditions, if any, which gove rise to immediate		march 1	promporiz	
	couse (a) stoting the under-		CE OF		
	lying cause last.	(c)			
	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION GIVEN IN PA	RT 1 10	
Z		n 1	104		
7 \$	190 DATE OF OPERATION		PERATION WAS PERFORMED?		20 AUTOPSY?
7-8					YES NO
CERTIFICATION	210. EXTERNAL CAUSE WAS	216 TIME OF INJURY	21c. HOW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM 18 PAR	The second secon
5		HOUR A.M. MONTH DAY YE	EAR		
MEDICAL CERT	21d. INJURY OCCURRED	DEATH P.M. 19 21e PLACE OF INJURY (AT HOME	, 21f LOCATION		
WE	WHILE NOT WHILE [STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	AT WORK - AT WORK				
	22a I certify that I took charg	ge of the remains described above, held a	Autopsy , Inspection	n 🗖, Inquiry 🔲, ond i	in my apinian
	death resulted from: Notu	rol couses , Accident ,	Suicide , Homicide .	Undetermined monner,	
	ACTUM A	1	TITLE (SPECIFY)		DATE 1 10 0 0
	ACTUAL SIGNATURE	~ ~ ~ ~ ~ ~ ~	M.D	MEDICAL EXAMINER	SIGNED 2-19-83
1	EXAMINER'S NAME	1 1 1.1	10 /0-	18 W.800N	. 000 100
7	(TYPE OR PRINT)	of N Jangs	ADDRESS 37	18 m.8cov	IDIN MICE
230	BURIAL, CREMATION, REMOVAL		CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
	Burial	1/23/83 Branch	Mt. Cemetery	Three Churches	
24	FUNERAL DIRECTOR S. SI	naffer ADDRESS 230 Eas	o marii no	REC'D. BY REGISTRAR 256 GIST	RAR'S SIGNATURE
L	Shaffer Funeral		WV 26757	N 25 1983 Joan	in to lawely

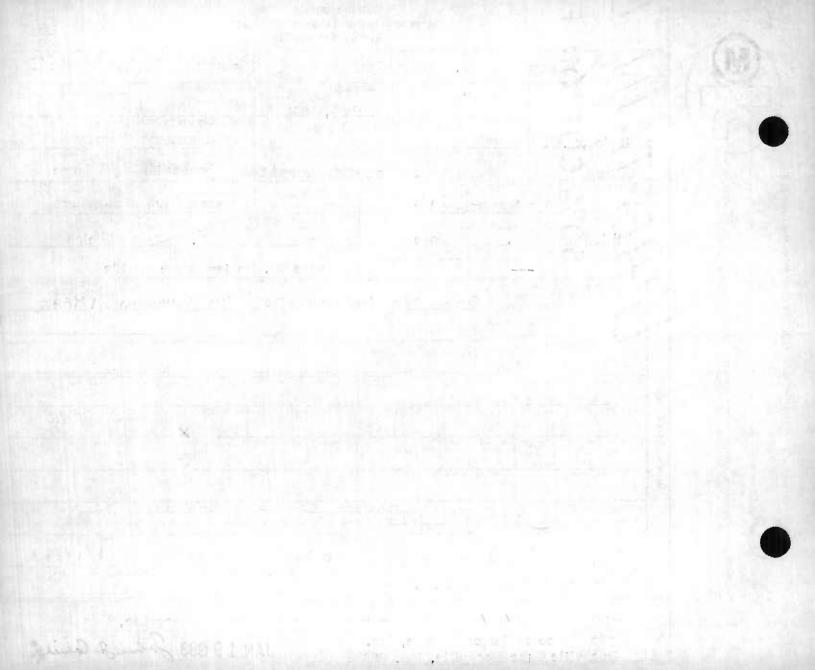


	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND THENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH		2068
Sy be die of the	(TYP)	CEASED NAME FIRST CATHER		HOPTA	January 1, 1	983 2b. HOUR 2:55A M
Poge 4 may	3. SE	EMALS IRTHPLACE (STATE ON FOREIGN	Caucasian The Citizen of What COUNTR	S. DATE OF BIRTH NOV. 1, 1891	6. AGE (IN YEARS LAST BIRTHDAY) 91 YRS 9. BALTIMORE CITY OR COUNTY	FUNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
deoth.		Pennsylvania	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgomery	County, MD.
meth or softer	BE	TH MD.	BETH, HEALT	4 CENTER	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI HOYSEWIFE	Home
in 24 ho	13a. 3		gomery Clark	sburg YES M NO [13e STREET ADDRESS Peen	Valley Rd.
and with	14 FA	Not availab	Te Andrews		MIDDLE AV	ailable
be execution and care. Proges		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV NO	MED FORCES? 16b SOCIAL SE (78-0)	7 6978 Jeanne F	hter ^2°2°0°1 G essler Clark	reen Valley R sburg, Md.
th certificate anding physicic corbon papers, our corporation to the corporation of the c	>	PART I. DEATH WAS CAUSE	nly one couse per liner (a), (b), (b) BY: TE CAUSE (a) DUE TO, OR AS A CONSEG	roma		APPROXIMALS INTERVAL BETWEEN CHIEF AND DEATH
that the death as by the attending case remove carbol, are mater from the formation, arrivather from the by Dr.		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEG	DUENCE OF		
equires in signed. Then ple injury, o	NOIL	PART 2 OTHER SIGNIFICANT O	conditions contributing to	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART 1(0)
no perm	CERTIFICATION	19a DATE OF OPERATION		CH OPERATION WAS PERFORMED	YES NO YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
SICIAN ng phys certifico certifico entol Hybernal Hyberna	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH P.M.	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18.	PART 1 OR PART 2)
offendi offer this os the bu h and M	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE	E. FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDII spital or CTOR: A I for use of Health		22a 1 certify that (1) this haspr saw the deceased olive on above (1) we) (did) (did no	tal) attended the deceosed from (10) 19 (1) view the body after death.	, ond that in (my (our) opinion	death occurred on the date and have	19 tho (1) (we) lost or and from the couses stated
y the ho y the ho RAL DIRE detoched tote Dept	<	Times Ell	Tilson		MEDICAL STAFF	22c. DATE SIGNED
TO HOSPITAL TO FUNERAL should be det with the Store		James E. L	lison JR. MD	11125 Rock	ville Pike, Rock	ville, Md. 20852
BP		BURIAL, CREMATION, REMOVAL	4,1983 S	t. Mary's Cemete	ery Barnesvil	le, Maryland
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FU	HOMES, P.A.	ROCKVILLÉ,M		E REC'D. BY REGISTRAR 256. REGIS	CAR'S SIGNATURELLE

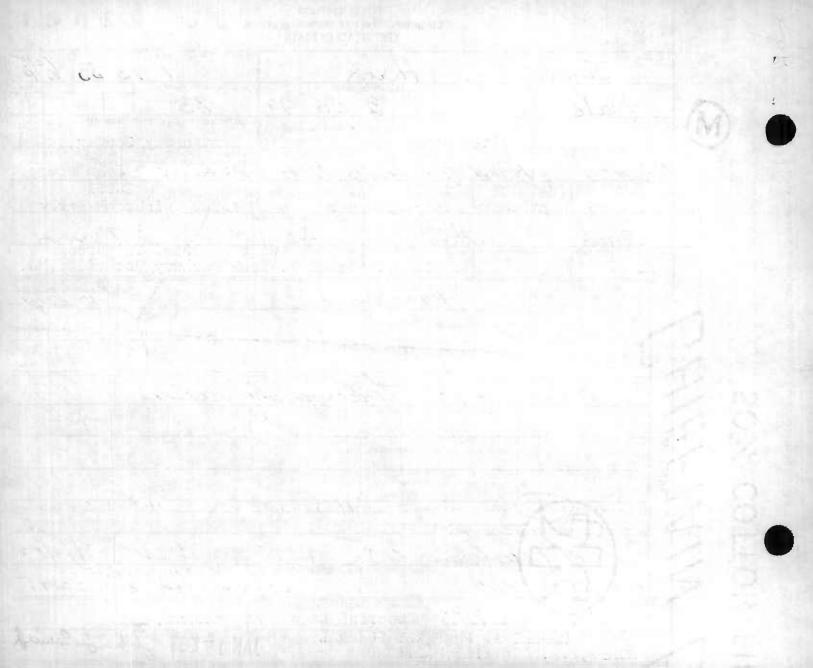
CATALLY SEE HOPTH BETTH THE BUTT HE HATTH COURSE (17 cf tf) Le mai segue La securit 21/1/13 Town E. Lillie Tr. HD B. T. HOLK S. L. HORE SEE LINE BY SEED

	١.	FOR			DEF		E OF MARYLAND		NE 8 3	0	2 0	6 9
	1	REGISTRAR				CERTIF	ICATE OF DEA	ATH	REG. N	0.		
0 4 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		CEASED NAME	FIRST	,	MIDDLE	L	AST	2		MONTH DAY	YEAR 2	2b. HOUR 5
Terde de d	3. SE	2 (2 1.	RACE	2'	5. DATE O	OF BIRTH	YEAR 6.	AGE (IN YEARS LAST BIS			IF UNDER 24 HRS HOURS MIN.
	7- 0	RTHPLACE ISTATE OF F		Whit		TENA 1	. 68.	28	<u> </u>	YRS.	FREATH	
(A)	F	RTHPLACE ISTATE OR F	OREIGN /b.	U. S	. A.	MARRIE		RCED	Monto	on	erc	MD.
18	5	LVER S	PRIN	NAME OF I	PACILITY GIVE	URSING HOME (or other institu	PHA	OF SELF-E	on of working life) mploye	inpustry ed Cal	BUSINESS OR Ligrap
filled in ould be the	13a.	AL RESIDENCE (# NURS STATE Md.	13b. COUNTY		13c CITY_OF	BEFORE ADMISSION) R TOWN Spr.	13d. INSIDE CITY	LIMITS? 13	9512 C	177.5		Nei-
completely s 1 and 2 sh	14. F	ATHER'S NAME	MID		141		15 MOTHER'S M		NESS THAT	Marie Comment		
and so		Edwin		7.	Co	ffman	Ma	ry	Hele		Ster	
Pages 1		VAS DECEASED EVER	IN U.S. ARME		16b. SOCIAL	SECURITY NO.	17. INFORMANT		9512 PRE	Crosb	v Road	i
Page 3		No			182-	22-8139	James	E. Ho	rn Silve	r Spr	ing. M	1d.
signed by the attending then please remave carb the burial, cremation, arrivery, or ather traumatic	z	Conditions, if ony, gove rise to imm couse (a), statin underlying couse PART 2. OTHER SIGN	nediate g the last.	(b)	R AS A CON	SEQUENCE OF SEQUENCE OF		THE TERMIN	AL DISEASE OR CON	DITION GIVEN	IN PART 10	
interioring physician: This certificate has been the burial-transit permit. The and Mental Hygiene prior to ted or Item 18 shows any injury	CERTIFICATION	19a. DATE OF OPERAT	ION	196 CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?	20b. IF YES, V IN CERTIFY II YES	WERE FINDING NG CAUSES C	GS USED OF DEATH?
certificate rial-transit ental Hygic frem 18 shc		210. ACCIDENT WAS UND	AUSE OF DEATH		M. MONTI		21c HOW INJUR	RY OCCURRED	ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T 1 OR PART 2)	
use as the burial- Health and Menta is marked ar Item	MEDICAL	216. INJURY OCCURE		21e PLACE		19	211 LOCATION					
and	M	WHILE NOT WH	ILE 🗌	(AT HOME, STR	REET, FACTORY, C	OFFICE FARM, ETC.)	A Ran	under	/431-12/2)	COUNTY	STATE
mar		22a. I certify that the	-) attended the	e/deceased	10m 3/3	2	18812	, 10	/22 19	53 , 11	hat (I) (we) last
21 21		sow the decease above, (1) (we) (d	d olive on	1/6/	alter death	1983	nd that in (my) (au	ır) opinion dec	oth occurred on the d	ate and hour a	and from the co	auses stated
etached for u te Dept. af He I: If Hem 21 is		22 Insignature	Sherer	- m.	D		DEGREE ATTE	ENDING	MEDICAL STA	FF	1/23/	IGMED 83
should be deta with the State (Peter B.	1		D		22e ADDRESS	ferrata	A	1	nd	
7 € ₹ ₹		BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CRE		23d. LOCATION		COUNTY - 7 -	n d STATE
		Burial	1.	1/2,6/			awn Cem		Rockvi			
6 50M 4/B2		UNERAL DIRECTOR	CNIL	h(h(c	Tro			1 1 2 2 2 2	REC'D. BY REGISTRAR	25h REGISTRA	R'S SIGNAU	mel
/RA 15, 4)	N	arner E.	rumpi	hrey,	Inc.	Sil. Sp	or., Md	· TAM	2.81483	10000	-0	



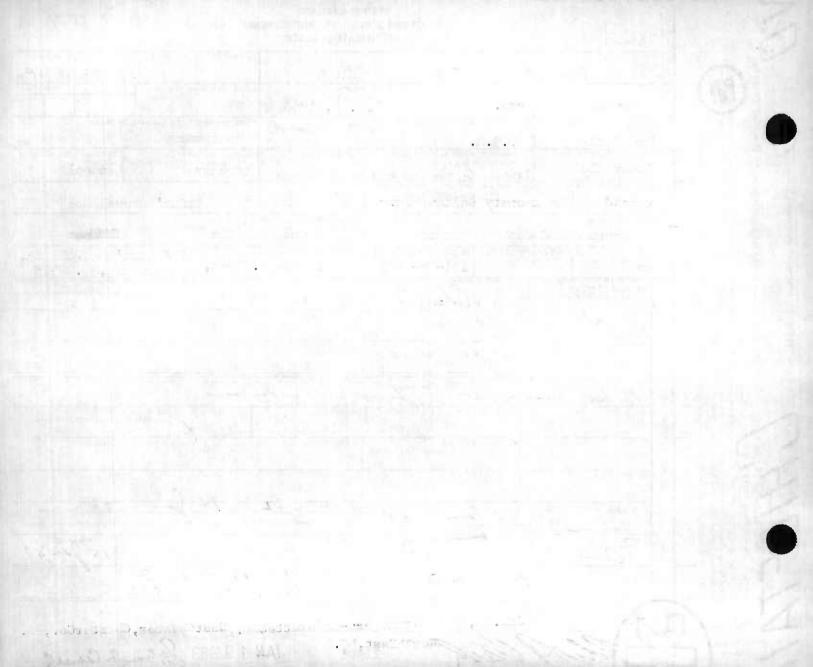


				STATE OF MARTLAND	83	00171
	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	rgiene 0 3	02011
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	Y .
	1. DE	CEASED NAME FIRST	MIDDLE	P / LAST	20. DATE OF DEATH MC	ONTH Z DAY YEAR 26. HOUR
	(TYP)	Jame	S E +	touk	/	13 83 670
	3. SE		T4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	The state of the s
3	3. 30	Male	Caucasian	MONTH DAY YEAR		MONTHS DAYS HOURS MIN.
11	70 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9. BALTIMORE CITY OR	YRS.
11		COUNTRY)	M. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	. BACIIMORE CITT OR	LOURT OF BEATH
1		Iowa		SVIDOWED DIVORCED	Montgome	ry County, MD.
3	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	126. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
ito/	10	maton	Randolph	14:115 N.H.	Machinist	John Deere
8		AL RESIDENCE HE NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)		20851
5/1		STATE, 13b CO				
54			tgomery Rockvi		1 13208 IW	inbrook Parkway
E /	14. 17	ATHER'S NAME	MIDDLE A LAST	15. MOTHER'S MAIDEN N	MIDDLE	LAST
51		Frank	Houk	F1°oy		Dexon
0	16a_\	VAS DECEASED EVER IN U.S.		JRITY NO. 17. INFORMANT W	ife Forth	8 Twinbrook
	-	YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES) 480 16	9978 Ethel E.	Houk Parkwa	y Rockville, Md.
l le	-					
	V	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	SED BY.	d (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eve			IATE CAUSE (o)	errorea		10 degs
ofic.		4860	DUE TO, OR AS A CONSEQU	ENCE OF		
E S		Conditions, if ony, which	(L)	ETTGE OF		
5		gove rise to immediate	(8)			
TIC.		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	ENCE OF		
	6		(c)			
-	-	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDIT	ION GIVEN IN PART 110
	Ó	arlon	cerelerotte	Coralowaxee	la- dekan	k
	18	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 2	Ob. IF YES, WERE FINDINGS USED
4	Ĕ				YES NOXX	N CERTIFYING CAUSES OF DEATH?
	CERTIFICATION	210, ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN	
2		OR CONTRIBUTING CAUSE OF		AY YEAR	CONTRACTOR OF INJUNE	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMI		19		
5	9	216. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	>	WHILE NOT WITH ALL WORK				
Ē		22a. L certify that I Within ha	ipital ottended the deceased from	1/13 19 8	710	1/13 19 5 , that (1) (we) lost
2		you the description their	10		n death occurred on the date	and hour and from the causes stated
E	1		nat) yew the bady other death.			
£		22b. SIGNATUR	1 /	DEGREE	MEDICAL STAFF	220 DATE SIGNED
-	1	1701/	Cottel Bace por	ATTENDING PHYSICIAN	MEDICAL STAFF	NB 1/13/83
MPORTANI	1	226. PHYSICIAN'S NAME (TYP	PE OR PRINT]	220 ADDRESS 3 7	20 FARRAL	WI AUE.
08		13. NI. ROSE	MBANKI	VE	NSINGTON	
¥ +	100	/				, 1000. 2000
	730.	BURIAL, CREMATION, REMOV (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	T COUNTY STATE
- 3				emorial Lawn	Ottumwa	
/B2	24. F	UNERAL DIRECTOR ROB	ERT A. PUMPHRE	Y FUNERAL 250. D.	ATE REC'D. BY REGISTRAR 251	L RECUTRANS SIGNATURE
. 02			ROCKVILLE, MARY		JAN I'I 1903	Jour Jour Miles
1)	1					



(VRA 15, 4)

John J. Canie



FOR

- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

30

17 INFORMANT

LAST

5. DATE OF BIRTH

APRIL

MONTH

REG. NO 2b. HOUR & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED 175 KIND OF BUSINESS OF TYPE OF WORK FOR MOST OF WORKIN INDUSTRY MER WASK ENVE

WIDOWED DIVORCED 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

> 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 207 HARTWELL YES [NOF 15 MOTHER'S MAIDEN NAME

MIDDLE

ADDRESS

E. Smithers.

meumonich,

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to

216. TIME OF INJURY

P.M

21e. PLACE OF INJURY

White.

MIDDLE

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE 101

76 CITIZEN OF WHAT COUNTRY?

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR 19

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OR TOWN

200 AUTOPSY?

YES [NO [

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

> COUNTY STATE

220.1 certify that (1) (this bace-tel) attended the deceased from 12-21 sow the deceased alive on___

(AT HOME STREET, FACTORY OFFICE FARM ETC.)

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

22e. ADDRES

211 LOCATION

STREET

ATTENDING PHYSICIAN Z

MEDICAL DIRECTOR PHYSICIAN

and that in (my) (aux) apinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

9801 Georgia Ave. S. S. Md.

23d LOCATION

4

DHMH - 16 50M 4/82 (VRA 15, 4)

74 FUNERAL DIRECTOR

HE RECED BY RECISTRAPISTS REGISTRAR'S SIGNATURE

.dimi Inc agest The same of the same of the THE PARTY OF THE P Hear Wale in It. Beilthern. VBOI Georgia Ave. S. S. Ma. Dr. Seruck T. Kinble. Fred Jan 19 1/2 Red Creek Courter Wishington

poge 3

completely filled in by the fur s I and 2 should be filed within

signed by the ottending physicio

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The Io etoined by the hospital or attending physicio IMPORTANT: If Item 21 is marked or Item 18 shows any

moy be

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH

REGISTRAR					REG. N			
1. DECEASED NAME	FIRST	MIDDLE	L	AST	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
	illiam	G. H	urleb	9115	January 25	, 1983	3	8:10
3 SEX	4. RACE		5. DATE O		6. AGE (IN YEARS LAST BI		FUNDER I YEAR	IF UNDER 24
MALE	WHITE		DEC	. 1, DAY 1898 FAR	84	YRS	ONTHS DAYS	HOURS
70. BIRTHPLACE (STATEOR COUNTRY) Germany	FOREIGN 76. CITIZEN O	F WHAT COUNTRY?	MARRIED WIDOWE	NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH	
10 CITY OR TOWN OF DE.	(IF NOT IN S	FHOSPITAL, NURSIN UCH FACILITY, GIVE STREET SOMETY GEN	IG HOME O	ROTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST (Farmer			of Business n
USUAL RESIDENCE (IF NUR. 130. STATE Md. 20879	136 COUNTY Mont.	134 CITY OR TOW Gaithers	ADMISSION)	134 INSIDE CITY LIMITS?	137930 ADDRESS.	kins	Creame:	Ø879 ry Rd.
14. FATHER'S NAME FIRST	- MIDDLE Hu	rlebaus		15. MOTHER'S MAIDEN NA Karoline	ME	Hur	lebaus	ī
16a WAS DECEASED EVER (YES NO OR UNKNOWN) — NO	IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES)	213-40-9		17 INFORMANT Emma K. Hurl	ebaus Sam	e as #	13	
Conditions, if ony gove rise to improve (o), stoting underlying couse	mediate ag the lost.	OR AS A CONSEQUE		NOT RELATED TO THE TERM	MINAL DISEASE OF COL	DITION CO.	N IN DADT 1	
190 DATE OF OPERA		DITION FOR WHICH			20a AUTOPSY?	20b. IF YES,	WERE FINDIN	NGS USED
	CAUSE OF DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	AY YEAR	21c. HOW INJURY OCCUR				140
OR CONTRIBUTING DEPARTMENT OF THE PROPERTY MEDICAL PROPER	THE THOME	E OF INJURY STREET FACTORY, OFFICE, F.	ARM ETC)	21f LOCATION STREET	CITY OR TO)WN	COUNTY	STA
	this hospital) attended ad alive on did to a not) view the boo	1 8000		d that in ((ny) (our) apinion DEGREE	deoth occurred on the d		ond from the	
THE HYSMIAN'S N	AME (TYPE OR PRINT)		INT		DIRECTOR PHYSIC		1115	218.

234 NAME OF CEMETERY OR CREMATORY Mt. Tabor

BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

FRANCIS H. BARBER

23a BURIAL, CREMATION, REMOVAL (SPECIF BURIAL

LAYTONSVILLE, MD. 20879

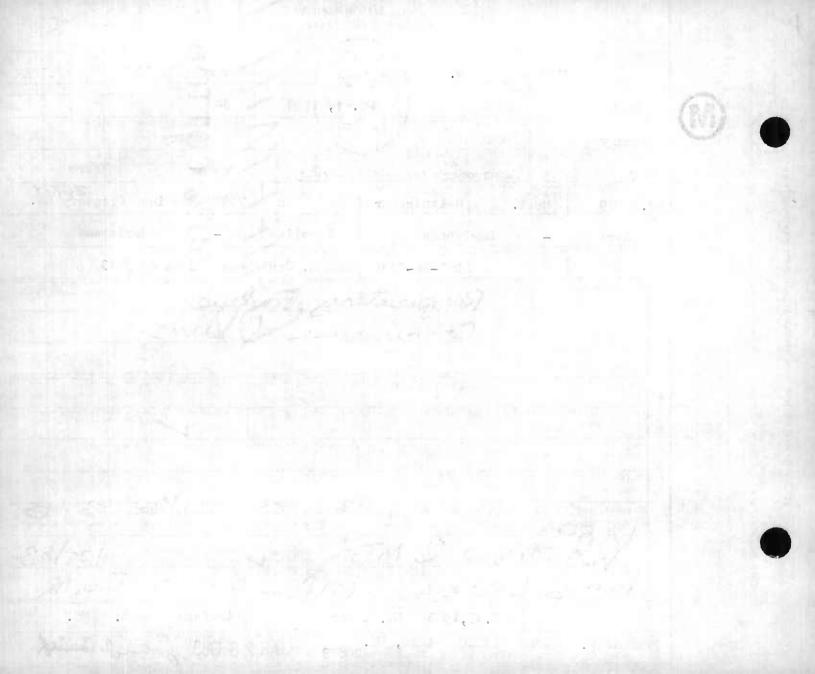
JAN. 27, 1983

JAN 2 8 1983

23d LOCATION Etchirson

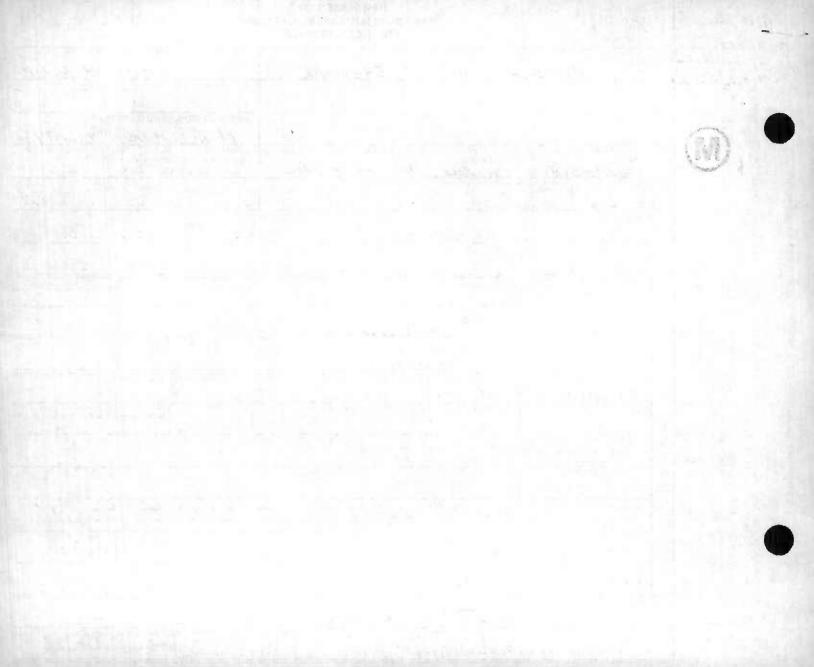
STATE

Mont COUNTY Md.

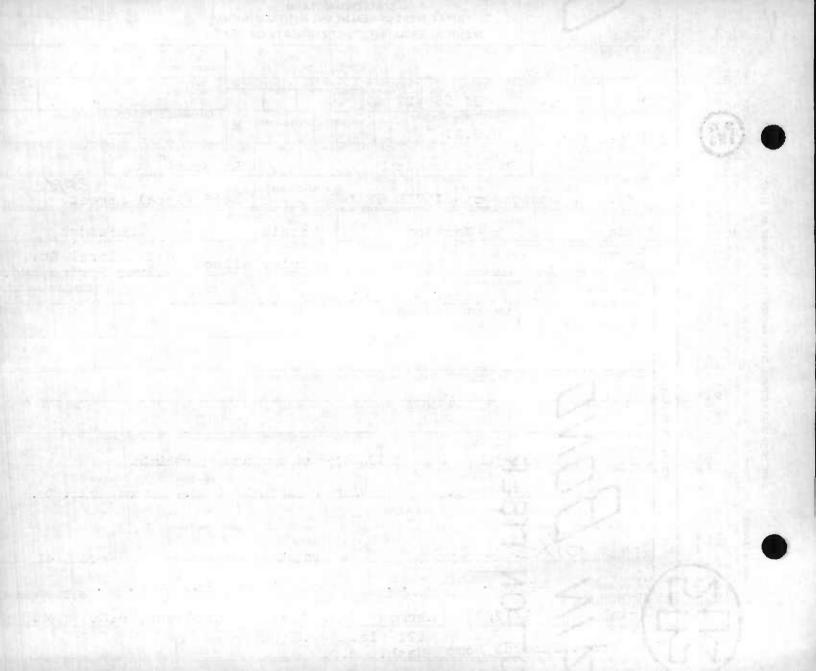


	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 3 0	207
ge 3 eoth		CEASED NAME FIRST HELEN	MIDDLE	ISAACOFF	January 23, 1983	7:27
Mage 4 mo	3. SE	FEMALE	4. RACE WHITE	S. DATE OF BIRTH NOVEMBER 11, 1918	64 YRS.	IF UNDER 1 YEAR IF UNDER 24 HR
of the second		RTHPLACE (STATE OR FOREIGN ENNSY LVANTA	76. CITIZEN OF WHAT COUNTRY? U. S. A.	8. MARRIED XX NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY Montgomery	OF DEATH
rs ofter o	4	or town of death	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET MONTGOMETY Gene:	G HOME OR OTHER INSTITUTION ADDRESS) Pal Hospital	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWIFE	126. KIND OF BUSINESS OF INDUSTRY OWN HOME
filled in rould be	13a	AL RESIDENCE (IF NURSING HOME OF	TOTHER INSTITUTION, GIVE RESIDENCE BEFORE TOTAL STEVEN STEVEN S TOTHER INSTITUTION, GIVE RESIDENCE BEFORE TOTHER INSTITUTION GIVE BEFORE TOTHER INSTITUTION GI	PRING 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 9613 MCALPI	2Ø9Ø/ NE ROAD
ond 2 st		HARRY PEST	MIDDLE GOLDBERG	15. MOTHER'S MAIDEN NA	ME	BRESSLER
e be executed v cion and comple ers. Pages 1 and II.	160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU 212-16-		9613°MEÅLPIN OFF, SILVER SPRIN	E ROAD G. MARYLAND BETWEEN ONSET AND DEA:
H5 MEDIC ires that the death ce gned by the attending in please remove carbo burial, cremation, or r ry, or other traumotic,		Canditions, if any, which gave rise to immediate cause (o), stating the underlying cause last.		Myocordial		
he law requor.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
SICIAN: 1 ing physics certificate certificate uvial-transi hem 18 sh	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	21r. HOW INJURY OCCUR 19 211. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT OR PART 2}
ING PHY Affer this os the b Ith and A	ME	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
OR ATTEND e hospital of DRECTOR: sched for use Dept. of Hea		saw the deceased alive an	4 Lo	DEGREE ATTENDING PHYSICIAN	death accurred on the date and hour	9 13 , tha (T) we) and from the causes stated 22c. DATE SIGNED 1-23-97
Al Al Jeto Ste Ste II. I		10 11 ~	V %	, throicing [
TO HOSPITAL etoined by th		224. PHYSICIAN'S NAME (TYPE C	V %	Betherde	MJ. EDPS	y Rd

Latin W. cared granted and good



	11_	FOR STATE			PEPART	MENT OF F	IEALTH A	ND MENT	AL HYGIEN	AE?	j	U	2	0 /	
		REGISTRAR		MED	DICAL	EXAMIN	ER'S CE	RTIFICAT	TE OF DE	ATH	REG.	NO.			N.
		CEASED NAME	FIRST	1-1-2	MIDDLE		LAS	ST .		20. DATE	KNOWN	MONTH	1 DAY	YEAR	26 HOUR
× × × × ⊢	(14)	PE OR PRINT)	Stanle	V			TAC	CKSON		E OF	ESTI- MATED		8	19 83	
198	3 SE	K [4	RACE	5. DATE OF BIRTH		6: AGE INYEA	RS IF UNDE		NDER 24 HRS.	2c. DATE		MONTH	DAY		
NUR FILES. 72 HOURS IN STREET,	MA	LE	BLACK	1 31	55	27 YR		DAYS HO	URS MIN.	PRONOUN	NCED	1	0	. 02	12:30
0		IRTHPLACE (STA		76. CITIZEN OF WH			S.					Y OR COU	B	19 83	Рм
B#14	€ FC	REIGN COUNTRY				TRIF	MARRIED	NEVER	MARRIED X	-				DEATH	
417		ASH.,		U.S.Z								jomery			MD.
7/		ITY OR TOWN O	FDEATH	11. NAME OF HOSE (IF NOT IN SUCH FAC	ILITY, GIVE S	TREET ADDRESS)	OR OTHER	INSTITUTION	FOR	WAL OCCU	RKING LIFE	TYPE OF WORK	12b. K	OR INDUST	JSINESS RY
38.		ethesda		Suburba					La	abore	er				
SOKA A		AL RESIDENCE (IF	13b. COUN	R OTHER INSTITUTION, GIV		OR TOWN		d INSIDE CITY LIJ	uitsz lia sti	REET ADDRE	555		2	2090	2
STORES STORES		Md.	Mor	tgomery	SIL	VER SE	PRING	YES N	0 □ 34	415 F	lora	al St	ree	et.	
NA.	14. F.	ATHER'S NAME		MIDDLE			15	MOTHER'S	MAIDEN NAM	F					
	10	laude			acks	C TO	135	Matt	ie	N	AIDDLE	McF	add	last	
ON ON ON	16a.\	VAS DECEASED	EVER IN U.S. ARA	AED FORCES?		IAL SECURITY	NO. 17.	INFORMAN			ADDRE	55			
WITH FOR	()	ES, NO, OR UNKNOW	N) (IF YES, GIVE	WAR OR DATES)		known				laco	34:	15 Fl	ora	al St	· ,
N SE	=	No			^			PHILT	ey Wil	LSOIL	Si	lver	Spi	ina	Md.
	>	PARTIDEA	DEATH (Enter onl TH WAS CAUSED	y one couse per line				The state of					BET	TWEEN ONSE	INTERVAL I AND DEATH
AL - TRANSII PERMI MENTAL HYGIENE, N, OR REMOVAL.		011		E CAUSE (a) C1	ranic	-cereb	ral In	njury							
A P P P P P P P P P P P P P P P P P P P		814	/	DUE TO, OR	AS A CON	ISEQUENCE O	F								
MINER A - TRANSIT ENTAL HY OR REMC			, if any, which to immediate	(b)		*									
SELES.		couse (a) si	tating the under-	(~/	AS A CON	ISEQUENCE O	F				3 5 5				
X ¥ X Z		lying cause	last.												
N I		PART 2 OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO DEATH B	IIT NOT BELA	TED TO THE TERMIN	MAI DISTACT OR	CONOLINA CINI	M IM DARY						
SED AS A BURIAL- HEALTH AND ME AL, CREMATION,	z	TAKE 2 OTHER SIGN	III CANT CONOTTIONS	CONTRIBUTING TO GENTI	UI NUI KELA	HED TO THE TERMIN	ANT DISEASE OK	CONDITION GIVE	N IN PARI 1 (a).						
₹ <u>₹</u> ₩ —	CERTIFICATION	190 DATE OF C	PERATION	10h CONDIT	IONIFOR	WHICH OPERA	TIONIMIAS	DEDECORATE	2						
TAT I	N	THE DATE OF C	A ENATION	198. CONDII	ION FOR	WHICH OPERA	TION WAS	PERFORMED	1		**		20	AUTOPSY	1
T SES	E													YES X	NO 🗌
9407		210 EXTERNAL UNDERLYING		HOUR AM	MONTH	DAY YEAR	21c. HOW	INJURY OCC	CURRED (ENTER	NATURE OF IN	JURY IN ITEM	18 PART I OR F	PART 2)		
328	18	CONTRIBUTING	G CAUSE OF D	DEATH 7 : 3 (M.M.	1	6 19 8	ahed 8	strian	struc	k by	zehio	10			
AGE 3 SHOULD BE USED A AGE 3 SHOULD BE USED A ATE DEPARTMENT OF HEA ATE DEPARTMENT OF HEA ATE DEPARTMENT OF HEA	MEDICAL	21d. INJURY OC	CURRED	21e PLACE O	F INJURY	(AT HOME,	21f LOCA	TION	- DEL HILL						
25 E	1		NOT WHILE	STREET, FACTO	DRY, FARM, E	TC.}	STREE			CITY OR TO			OUNTY		STATE
STATE D	1	AT WORK	AT WORK	X stree	2 C				Randol	on Rd.	Whe	aton,	Moni	tg. C	0
PAGE 4 SHOULD BE FORWAI TO FUNDEZ DIRECTOR: PAG AFIER DEATH, WITH THE STAT BALTIMORE, MARYLAND 212		22a I certify	that I took charg	e of the remains desc	ribed obo	ve, held an	Autopsy	K. Ins	pection .	Inquiry	□.	and in my	pinion		
F E		death resulted	from: Netus	ol vises .	Accident	X, Suic	ide .	Hamicide	. Unde	termined mi	onner [].			
WIT		Control of	111	1	-	N Mile		TITLE (SPECI							
Y. H.		ACTUAL SIGNATURE	VIX	Dua	w		W.D.		ant MED	WALEY	I WILL	DATE		1/9/8	2
SEATER!	1	DIGHT THE T	11		_		- M.D.,	ALANA MARIA LA	MAAA. MEL	MUNICERAN	VALUE OF	2836	20	13/0	-
NO W	-	EXAMINER'S N	AME HO	rmez R. Gu	ard	M.D		1	11 Don	o C+	Da1	to M	a		
ALT ALT	02 -	(TYPE OR PRINT			-				11 Pen		pg T	LO. M	u.		
. F 4 0	(SPECIFY)	ON, REMOVAL 2			NAME OF CEM			CITY	OCATION	0		UNTY	9	TATE
10		Burlal UNERAL DIRECT		1/12/83	H	armony	Mem		k	Land	over	Pe	GR	M	1.
H - 17	24 F	NAME		ADDRESS		621 Fl	a. A	ve. 250	AFRECP. B	न्यस्त्रम्	RETAIN	CHETTA ATT	SIGNA	TURE	
ME (5))	H	all Bro	os. Fun	eral Hon		Wash.			JYIII -		7				
OM 4/B2								•							



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1	FOR - STATE				ENT OF HEALT			0	•	U 4	0 /	0
-	REGISTRAR DECEASED NAM	E FIRST	ME	MIDDLE	AMINER 3	CERTIFIC	CATEOFD		REG. NO	_	DAY YEAR	- Armer
	(TYPE OR PRINT)	Tax - Section 1				1401404		OF	KNOWN X	MONTH		
		STEFON		T.		JACKS			MATED [MONTH	27 19 83	5
3	SEX	4. RACE	5. DATE OF BIRTH	YEAR 6	. AGE (IN YEARS IF I	NTHS DAYS	IF UNDER 24 H	PRONOU	NCED	MONTH		8:5
	Male	Black	7-7-198	2	YRS.	5		DEA		1	27 1983	3 p
1/2	FOREIGN COUNTRY	TATE OR	76. CITIZEN OF W		RY? 8 MAR	RIED NE	VER MARRIED	X 9. BALTIV	MORE CITY C	COUNT	TY OF DEATH	
D	Marylan	ıd	U. S.		WIDO		DIVORCED		gomery	Cour	nty	
10	CITY OR TOWN	OF DEATH	11 NAME OF HO	SPITAL, NURS	ING HOME, OR O	THER INSTITU		FOR MOST OF WO		E OF WORK	12b. KIND OF E OR INDUS	TRY
	Silver	Spring	Holy Cr	oss Ho	spital	35.00		NONE			NONE	1
	UAL RESIDENCE	(IF IN NURSING FIGME	OR OTHER INSTITUTION, G	13c CITY C	RTOWN	13d. INSIDE C	ITY LIMITS? 13e	STREET ADDR	ESS	20	0902	
L	Md.	Mor	tgomery	Silv	er Sprin	YES X	NO 🗌	1092	1 Inw	boo	Ave.	
14	FATHER'S NAME		WIDDLE	LA	ST ,	15. MOTH	ER'S MAIDEN N	AME	MIDDLE		LAST	
	Reginal	.d		Clark		CI	lara	1	M.	Jack	Mon	
16	(YES, NO, OR UNKNO	DEVER IN U.S. AR	MED FORCES?	16h SOCI	AL SECURITY NO.	17. INFOR/	MANT	4-1	ADDRESS		Wat	b. I
	No			Non	e	Sal	cah Jack	eon	3608 H	orner	P1. S.	E.
F	18 CAUSE O	F DEATH (Enter o	nly one couse per line	for (a), (b),	and (c).)						APPROXIMA BETWEEN ONS	TE INTERV
	PARTIDE	ATH WAS CAUSE	ED BY: ATE CAUSE (o)	Suffoo	ation						OCT WEET ON	212000
L	91	30			EQUENCE OF							
L		ns, if ony, which									12346	
		se to immediate stating the under		AS A CONS	EQUENCE OF							
1	lying cou		500 10, 01	. A3 A CO(43)	EQUELICE OF							
	PART 2 OTNER SI	CNIEICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT MOT BELATE	D TO THE YERMAN ALL DAY	ACC OR COMPLETE	N COUTH IN BARY S					
		ONIFICANT CONDITION.	CONTRIBUTING TO DEATH	BUT MAT KETATE	D IN THE LERWINST DISE	WZE OK COMPILIO	N GIVEN IN PART 1 to	1.				
	19g DATE OF	OPERATION	Tiek COND	TION FOR W	HICH OPERATION	WAS PERFOR	MED?		100		20 AUTOPS	V2
13	2		170 00115	11011101111	merror Environ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	19a. DATE OF	L CAUSE WAS	21b. TIME O	FINILIPY	21.	HOW IN ILLEY	OCCURRED (EF	NTER NATURE OF I	MUIDA IM ILETT 78	PART LOS PA	YES X	NO [
	UNDERLYING	K OR	HOUR A.A	A. MONTH	DAY YEAR							
	CONTRIBUTION	NG CAUSE OF			7- 19 83Su	OCATION	ornned t	etween	mattr	ess a	and crit	b rai
1	WHILE -			TORY, FARM, ETC	1	STREET		CITY OR TO			YTMU	STAT
-	AT WORK	AT WORK	* <u> </u>	ome	110	921 Ini	wood Ave	Silv	er Spr	ing, N	Montgome	ery.N
	220 certi	fy that I taak char	ge of the remains de	scribed above	, held on Aut	opsy X.	Inspection], Inquiry	,, on	d in my op	nion	
	death result	ed from: Note	urol couses .	Accident	, Suicide	, Homis	cide . Ui	ndetermined m	nonner ,			
		Α.					PECIFY)					
	ACTUAL SIGNATURE	/W/	11 20	M				MEDICAL EXA	MINER	DATE	1-28-	83
5	1	11	1	00	7000							
-	EXAMINER'S (TYPE OR PRI	NAME AI	nn M. Dixo	on, M.D).	ADDRESS_	111 Penr	st.,	Balto.	, Md.	. 21201	
23		TION, REMOVAL		23c, NA	ME OF CEMETERY		ORY 23	d. LOCATION				
Б	(SPECIFY) Buri		1-2-1983		. Olivet			CITY OR TOWN	natan	D.C		STATE
24	FUNERAL DIREC	TOR ~			OLIVEL		250. DATE REC'E	Wash 1			IC NATURE	
	NAME	th amb amail	ADDRES		ST. SE,	IA SH D	cFEB 7	1983	John	2	while	
-	W.W. C	hambers	Co. 517	TICE	91, 9E,1	Wall on	J		V			

Male 21,ck 7-7-1352 0 eryl no 311011 311011 'd. ontpowery vilver pring a 19921 im occ. vs. Ulark Ulara J. dichon ecin lo one arch oct-on 3000 crner Fl. ...

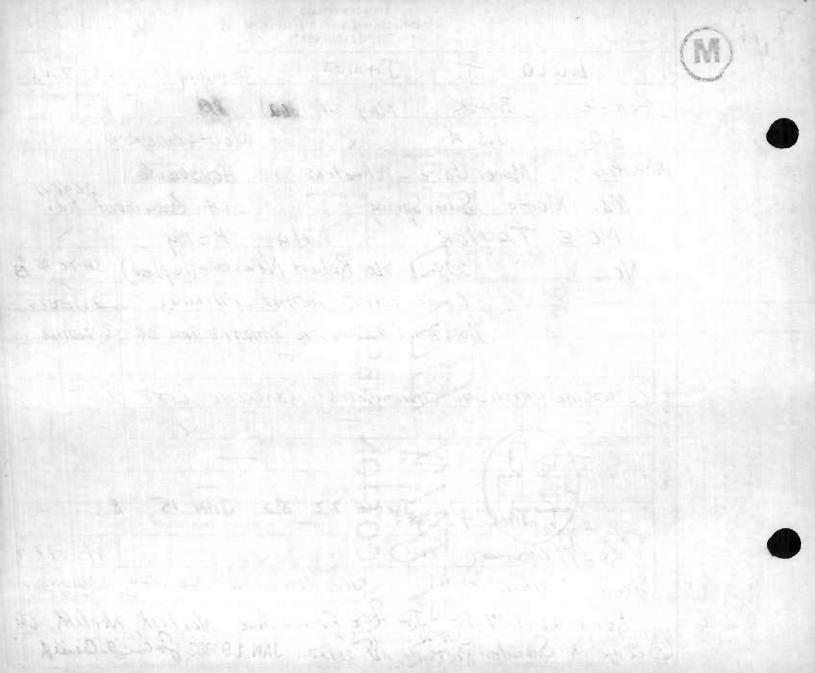
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nurial 1-2-1983 t. divet Canatary achington, D.C.

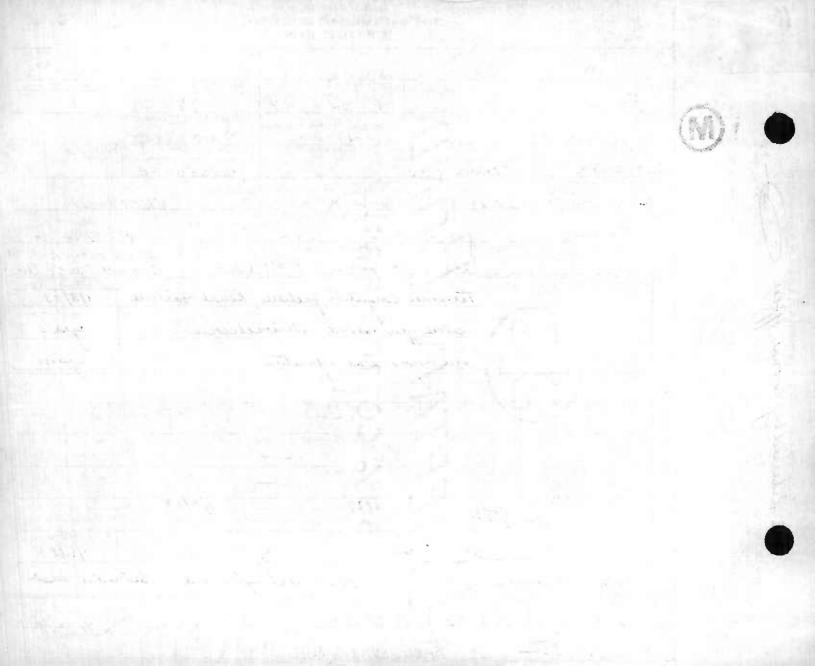
.. Chamber-600. 517 lith 1. St, Mauf. U.C.

Incuden Rockville, Md. 20850

(VRA 15, 4)



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 - STATE CERTIFICATE OF DEATH REGISTRAR 2n DATE OF DEATH L DECEASED NAME MONTH 2h HOUR (TYPE OR PRINT) 25 6 Q M IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR 904 O. BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Montgomery WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION DE KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY bethesda Diuburhan HOUSEWIFE ISUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 00000 13c CITY OR TOWN 135 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS NKNOUN YES A NOF 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDOLE FIRST ADDRESS In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 20400 FREDERICK (YES, NO OR UNKNOWN) 1 (IF YES, GIVE WAR OR DATES) JERHAW TOLDE APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Terminal congestive IMMEDIATE CAUSE (o PRESTON DUE TO, OR AS A CONSEQUENCE OF severe generalized arterioselessis ears Conditions, if ony, which gove rise to immediate couse (o), stating underlying couse lost. raiss old hurocardial Infarelyon PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART RECORDS, CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF YES M NO [71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH DIVISION OF MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION ò CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 1979 220.1 certify that (1) (this haspital) attengled the deceased from, saw the deceased alive on. and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE ATTENDING . MEDICAL STAFF be deta e State l K.A DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS shauld be . Betuse his LEKAGUL MD 05074 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION. (SPECIFY) 250. DATE REC'D. BY REGISTRAR 2 6 RECISTRAR'S IGNAT 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 ADDRESS (VRA 15, 4)



Jan.

Robert

1983 Derby Cemetery

A. Pumphrey Funeral Homes

Rockville, Maryland

FOR

REGISTRAR

FIRST

Mary

I. DECEASED NAME

- STATE

TYPE OR PRINT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 20. DATE OF DEATH 2b. HOUR N. Jenne 6:55AM January 16. & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS DAYS BALTIMORE CITY OR COUNTY OF DEATH Montgomery County 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Church 13e. STREET ADDRESS 414 Brown Street zip 20880 MIDDLE Dodge Katherine J. Wilkerson(daughter) see # SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2) COUNTY STATE CITY OR TOWN and that in (my) (ear) opinion death occurred on the date and hour and Irom the causes stated 226 DATE SIGNED PHYSICIAN TIDIRECTOR PHYSICIAN 105 Russell Av., Gaithersburg, Md. 20877

Derby

250 DATE REC'D. BY REGISTRAR 251 DEGISTRAR'S SIGNATURE

Vermont

DHMH-16 30M 2/80 (VRA 15, 4)

Burial/Transit

24 FUNERAL DIRECTOR

Acute Rosel Failure June 19 Carlot E: Hugered Martiple Algeborne 2 440 317 44 1 1 2 -31-1 14 - 1 3 -31-1 Joe of Jeleven a clier May. I am 1-4-83

- 4-6	_ FOR DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYGIE	NE 8 3 0	2 0 8 2
4	- STATE REGISTRAR	CERTIFICATE OF DEATH	REG. NO.	
1 75	1. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT) ANNE MARE	JOHANSSON	ON - 19 - 83	YEAR 26. HOUR
	3 SEX F 4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	THOE (IN TERNOTRO)	UNDER I YEAR IF UNDER 24 HRS
Death. Po.	70. BIRTHPLACE ISLATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY SOUTH STATE OF THE STA	WIDOWED DIVORCED	MONTGOMERY	FDEATH MD.
201 re-offer ty-fle h filed with	ROCKUILLE MD Shady Grove Adv	entist Hospital	THOUSEW IFE	126 KIND OF BUSINESS OR INDUSTRY HOME
AND 21	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEF 130 STATE 13b COUNTY 131 CITY OR TO	VILLAGE YES NO NO		HOICE RD
Ompletely 25	MARTIN MIDDLE HELLIN	J FREDRIKA	WIDDLE STENS	LAST LAST
timose be come to Pogen	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SE (YES, NO ONLYKNOWN) 118 YES, GIVE WAR OR DATES) 137 54		VSON SZZS POO	BETHESBA
of W. PRESTON ST., BAI that the death certificate d by the attending physic lease remove carbon pape iol, cremotion, or removal.	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost.	cerebral Herron	bagi	APPROXIMATE INTERVAL BETWEEN ONSE AND DEATH
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END oloolool oloolooloolooloolooloolooloolo	WHILE NOT WHILE AT WORK 220.1 certify that (I) (the baseful) attended the deceased from sow the deceased olive on 19	1 (19 , 19 &S		E3, that (1) (ve) lost
OR ATT he hospin DIRECT Coched for Dept. of	Obove, the local did not view the body after death	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
TO MOSPITAL TO FUNERAL should be det with the Store	Stephen NEWMAN	22. ADDRESS	d Grong e To we	x Ra Beth
BP	730 BURIAL CREMATION REMOVAL 11 11 12 12 12 12 12 12 12 12 12 12 12	NAME OF CEMETERY OR CREMATORY RCLAN HILL RINGS	23d LOCATION OF SUITABLE PROSTAGE PROST	SUNTY CONTRACTOR
DHMH - 16 50M 4/82 (VRA 15, 4)	WAS W CHAMBER ADDRESS	SIL. SPRING JA	17983	O SIGNATURE

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	3. SE)	CEASED NAME FRS EOR PRHNI) 2 1	5. DATE OF BIRTH	P. P. S. AGE (IN YEARS IF L LAST BIRTHDAY) PLAST BIRTHDAY PLAST BIRTHD	Johnson UNDER 1 YR. IF UNDER 24 HR WIHS DAYS HOURS MIN	20. DATE KNOWN OF ESTI- DEATH MATED 25. 26. DATE PRONOUNCED DEAD	
1	Au	RTHPLACE (STATE OR REIGN COUNTRY) Stria, Hungary		HAT COUNTRY? 8. MAR WIDO	RIED NEVER MARRIED WED TO DIVORCED	mont	RCOUNTY OF DEATH
DELAY IS TO THE P N PAGE BE FILED DS, 201 V	Be	TY OR TOWN OF DEATH thesda residence [if in nursing ho	JIF NOT IN SUCH FA	SPITAL, NURSING HOME, OR OT ACILITY, GIVE STREET ADDRESS) ban Hospital	FC	JSUAL OCCUPATION (TYPE OR MOST OF WORKING LIFE) OMEMAKET	OF ORK 128 KIND OF BUSINE OR INDUSTRY Own hom
P. 21201 IF ANY DELA 3. AND 3 TO 3. RETAIN P SHOULD BE ALRECORDS,	MI MI	TATE No Co	BUNTY edrick	13c. CITY OR TOWN Knoxville	YES NO 🗆	Reed Rd.	21758
MA PM AND 2	1	Karl	MIDDLE	Paldauf	IS MOTHER'S MAIDEN NAME FIRST	WE	LAST Unknows
BALTIMORE, MD. JRS AFTER DEATH, II. 8. GIVE PAGES 1, 2, WITH FORM PM 3. T. PAGES I AND 2.8 DIVISION OF WITH	160. V	VAS DECEASED EVER IN U.S. ES, NO. OR UNKNOWN) (IF YES.	ARMED FORCES? GWE WAR OR DATES)	166 SOCIAL SECURITY NO. 579-12-9464	Donald H. Jo	p ADDRESS Phnson Keedys	
PRESTON STATEMENT OF THE METALL NET METALL N		Canditians, if any, who gave rise to immed	DIATE CAUSE (a)	RAS A CONSEQUENCE OF MYO COMO		inche	,
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DIVISION OF VITAL RECORDS, HIS CERTIFICATE SHOULD BE EXECT WRITING THE WORD."FENDING". VARDED TO THE CHIEF MEDICAL AGGES SHOULD BE USED AS A BUR ATTE DEPARTMENT OF HEALTH AND ZIZOT PRIOR TO BURIAL, CREMATIC	MEDICAL CERTIFICATION	Canditions, if any, will gave rise to immed cause (a) stating the unitying cause last. PART 2 OTHER SIGNIFICANT CONDITION TO THE CONDITION TO	DIATE CAUSE (a) DUE TO, OR (b) OUE TO, OR (c) IONS CONTRIBUTING TO DEATH 19b. CONDI S 21b. TIME OF HOUR A.M. 21e. PLACE	R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF RUTHOT RELATED TO THE TERMINAL DISE TITION FOR WHICH OPERATION THOUGHT ALL FINJURY A. MONTH DAY YEAR A. 1983 OF INJURY (AT HOME. 21F. LE) TORY, FARM, ETC.)	ASE OR CONDITION GIVEN IN PART I a. WAS PERFORMED? WE WAS A TO M	TER NATURE OF INJURY IN ITEM 18 P AT NUES I	ARTIORPARTZ) AS HEME THERENT CENT
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STATE OF MARYLAND

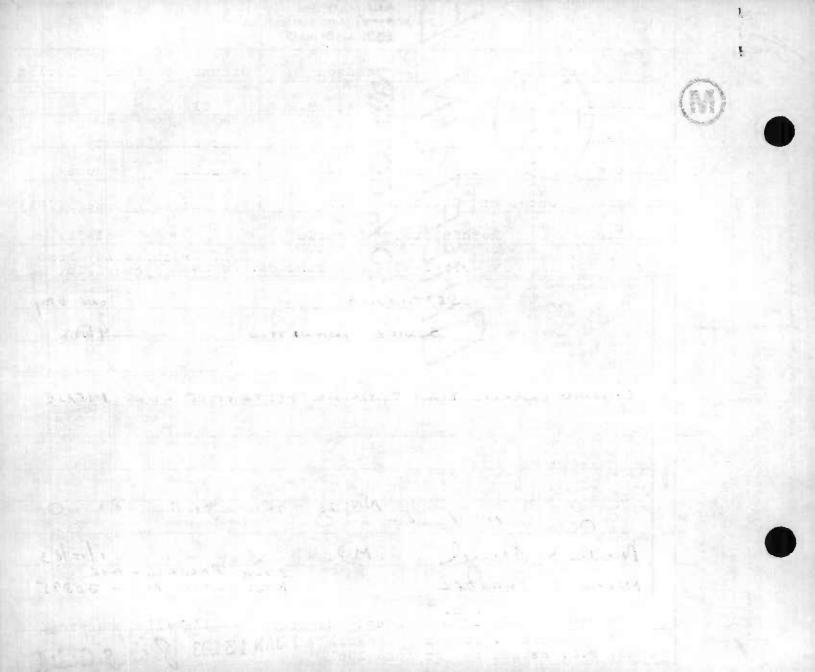
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Homes, P.A. Bethesda, Maryland 20814

- STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



246 N. Washington St.

Rockville, Md. 20850

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTATHYGIENE

CERTIFICATE OF DEATH

2h. HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO F

STATE

I MONT

YES

250. DATE REC'D. BY REGISTRAR ... REGISTRAR'S SIGNATURE

COUNTY

22c. DATE SIGNED

IF UNDER 24 HRS

20850

IF UNDER I YEAR

INDUSTRY

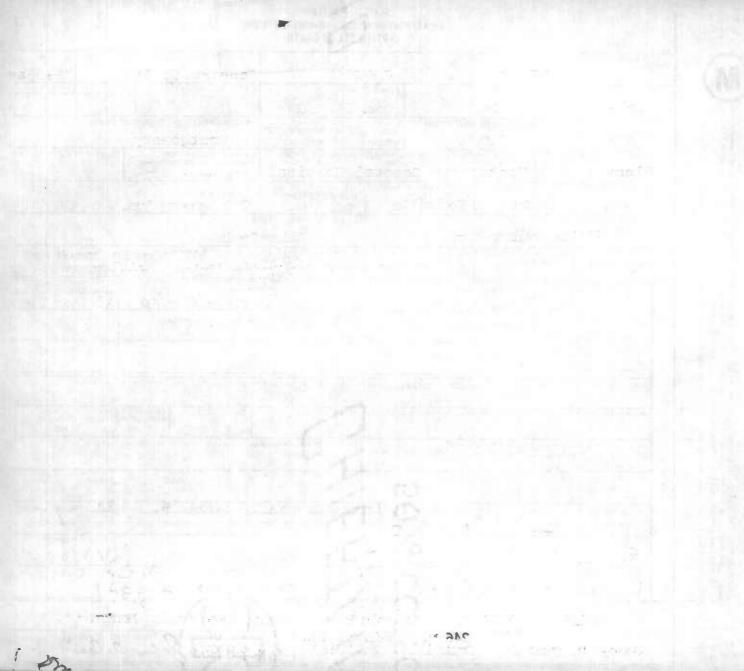
BP DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR

George R. Snowden

FOR

- STATE



46 1		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 2	n a X
12		REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	. 0 0 /
W-1-40-2		EASED NAME FRST MIDDLE LAST 26. DATE KNOWN MONTH	DAY YEAR 26. HOUR
PLEAS CTOP FILES HOUR TREET	3. SEX	4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 20. DATE MONTH	DAY YEAR 24 HOUR
C		emale white 3 13 3 51 yrs. MIN PRONOUNCED 1- 6	1983 PM
(M)	FO	MARRIED LI NEVER MARRIED	POPUEATH
5	10. CI	Y OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. USUAL OCCUPATION (TYPE OF WORK IN GIFE) FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
4	G	Potomac River Homemaker	At Home
1	13s. S	ATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE (ITY LIMITS? 13c. STREET ADDRESS 4112 Manor Road,	20815 Chevy Chase
1	14. FA	THER'S NAME FIRST MIDDLE LAST FIRST MIDDLE MIDDLE LAST FIRST MIDDLE	LAST
4	14. 11		Tod
	(YI	AS DECEASED EVER IN U. S. ARMED FORCES? S. NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO NO NO 118 -28 -1177 Ernest S. Johnston, Husband	Manor Rd., C.C.Md.
		PART I DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ı		9 FUD IMMEDIATE CAUSE (o) Drown ING	
		Conditions, if ony, which	
		gove rise to immediate (b)	
1		lying couse lost.	
	N	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a.	
1	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
	RTIF		YES NO
		216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 19	(2)
	MEDICAL	214 INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 211 LOCATION	
	2	WHILE NOT WHILE STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY OF TOWN	NTY STATE
	-	224 Certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opi	nion
		death resulted from: Notural course Accident , Suicide , Homicide , Undetermined monner ,	
		ACTUAL TITLE (SPECIFY) DATE	1-20-83
1		SIGNATURE M.D. MEDICAL EXAMINER SIGNED	
	-	EXAMINER'S NAME CLOPN Tauber ADDRESS 8218 WISCONSIN	ave.
		URIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTRY C	
	24 FL	Burial Jan 22, 1983 Gate of Heaven Silver Spring, Mor	t. Cty., Md/
	-	W. CHAMBERS CO., 8655 Ca., Ave., SS, Md. JAN 24 1983	Conied
	VV	2 4910	

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DHMH - 16 50M 7/77 (VR A 15 (4))

	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA	LUVCIENE
	CERTIFICATE OF DEATH	
IOOLE	LAST	2a. DA

8	3	0	2	U	8	
	REG. NO.					

1.	STATE REGISTRAR			CERTIF	ICATE OF D	EATH		REG. NO.			
	CEASED NAME FIRST		WIOOFE	Ł	AST	3000	2a. DATE OF I	DEATH MONTH	DAY	YEAR	26 HOUR
	Potri	ik.	Lee	Jo	NES	BB		1	20	83	0510 M
3 SE	X	4 RACE		5. DATE C		MEAR	6. AGE (IN YEAR	RS LAST BIRTHDAY)		ER I YEAR	IF UNDER 24 HRS
1	Male	Whit	0_	MONTH	DAY ZO	YEAR 83	Nouse	DOKN Y	RS.	DAYS	HOURS MIN
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8.	C . terree .		9. BALTIMOR	ECITY OR COL		EATH	
c	OUNTRY]	1	150	WIDOWE	D NEVER A	ORCED T	Mont	gomery	Count	v	MD
10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURS CHEACILITY, GIVE STREE	ING HOME C			12a. USUAL O		126		F BUSINESS OR
	ALRESIDENCE (IF NUISING HO MESTATE	POP TOP	130 CITY OR TO		13d. INSIDE CI	NO []	13e. STREET A	DDRESS BOX 11	15	99 -24!	919
)4. FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S	MAIDEN NA	ME	MIOOLE		LAS	57
	FREderick	DATRICK	Joi	nes	17.	. CVI	nthin			T	Sell, :
	VAS DECEASED EVER IN U.S. A	RMED FORCES?	16b SOCIAL SEC	CURITY NO.	17 INFORMA	NĪ		ADDRESS			
,	(IF TES, G	VE WAR OR DATES)			Frderi	ck P.	Jone	Same	as ite	ms 1	За-е
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSE OF DEATH	DUE TO, C DUE TO, C DUE TO, C (b) DUE TO, C	Birth RASA CONSEQUENT SELLEN RASA CONSEQUENT	A 1° P		ato-il		on via	s; lit	<u>-</u>	MATE INTERVAL ONSET AND DEATH
Z	Severe h	CONDITIONS C	DIVISION S	Du o	1	LUS6 A	- /	acon Ta	_	PART III	
CERTIFICATION	190 DATE OF OPERATION 1 - 200 - 4/3	19b. COND	ITION FOR WHIC		- 000	,	200 AUTOP	SY? 20b. 1	FYES, WER		NGS USED OF DEATH?
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A	.M. MONTH 1	DAY YEAR			RED (ENTER NATU	DRE OF INJURY IN ITEA	M 18, PART 1 O	R PART 21	
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE	E, FARM, ETC.}	211 LOCATIO STREET)N		CITY OR TOWN	СО	YTHUG	STATE
	220.1 certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did)			, or		, 19 (our) opinion	deoth occurred	on the date and	d hour and	from the	
	Creorgis G	Kefal	Pe		F	TTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	1	2c. DATE	SIGNED 20/83
	22d. PHYSICIAN'S NAME ITYPE	G WE	fale		12-90 2	0	n RD	silve.	sprin		110 2090
230. B	BURIAL, CREMATIÓN, REMOVA SPECTY) 17131	1/23/		NAME OF C	family	plot,	23d. LOCAT CITY OR Sum		COUNT		est Va.

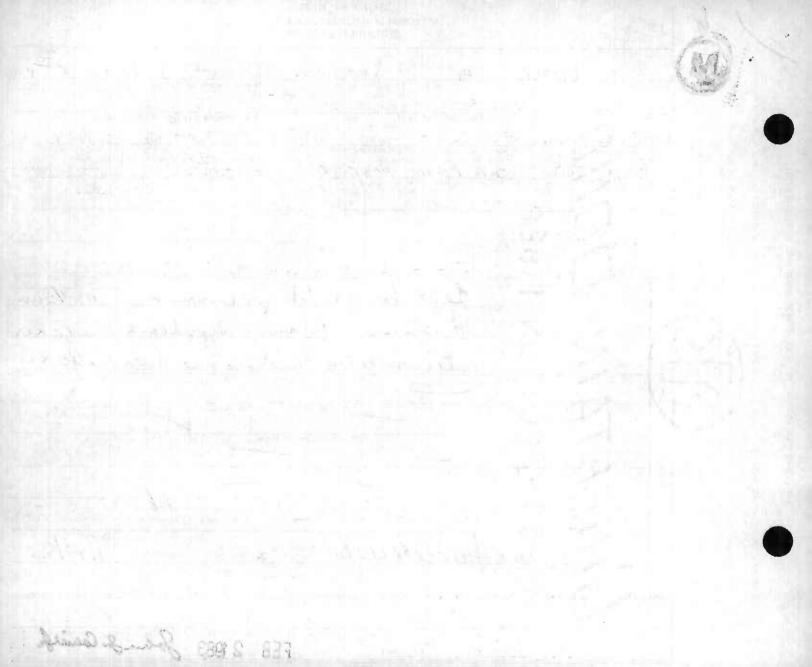
Burial 1/23/83 Private family 4 FUNERAL DIRECTOR Tys on Wheeler Funeral Home, Inc. 1331 Rockville Pike Rockville, Maryland 20852

JAN 26 1983 Jan 2 Gas

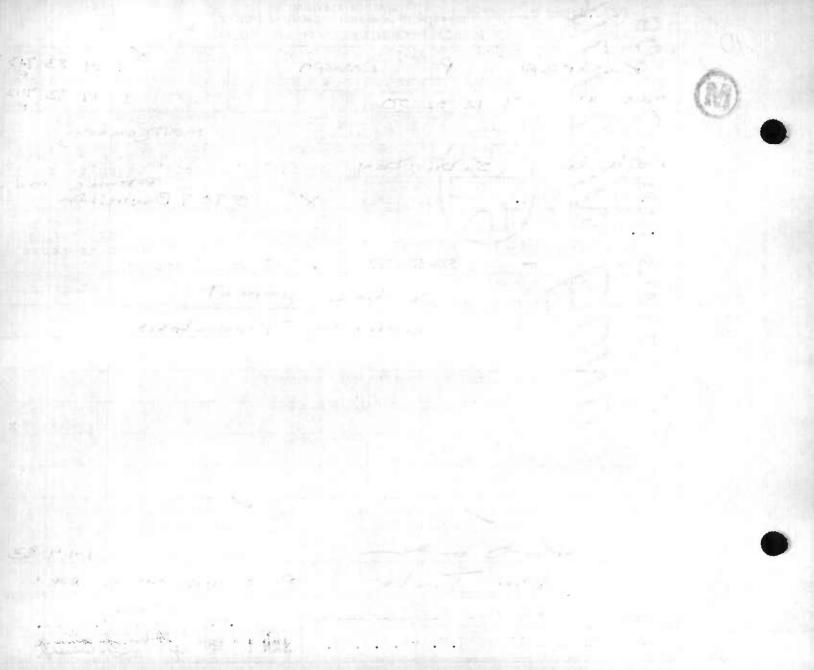
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Bethesda, Maryland

(VRA 15, 4)



(M)		hale u		S DATE OF BIRTH	YEAR L.	GE (IN YEARS IF UNITED AST BIRTHDAY) MON	JNDER I YR. IF UNDE	R 24 HRS. 2c. DATE MIN PRONOUNC DEAD	MONTH	14 83
MEGESS CUNERA S FOR WITH WITH	FC	IRTHPLACE (STATE (IREIGN COUNTRY) India		USA	VHAT COUNTRY	WIDO	RIED THEVER MAR	CED C	recity or coul	ery.
PAGE PILED OS, 201 V	E	TY OR TOWN OF E	la	(IF NOT IN SUCH	FACILITY, GIVE STREET	DDRESS)	Hospita:	12d. USUAL OCCUPA FOR MOST OF WORKIN Financi	4G LIFE)	or INDUST Sultant
ANN CANDS	USUA 130 S M	AL RESIDENCE (IF IN TATE .d. •	NURSING HOME C 13b. COUN MOI	OR OTHER INSTITUTION, TY 1 t •	I30 CITY OR POTON	IGWN	13d INSIDE CITY LIMITS?	W - W - W -	BUND	mec, ell Dn
URS AFTER DEATH. IF B. GIVE PAGES 1, 2, WITH FORM PM 3. IT. PAGES 1 AND 2 SH DIVISION OF VITAL	K	. I. Pail		WIDDLE	LAST		15. MOTHER'S MAIL Aleyams	n a	Va	arghese
AFTER I SIVE PAGE TH FORM AGES 1.	16a. V	VAS DECEASED EV ES, NO, OR UNKNOWN) None	(IF YES, GIVE		166. SOCIAL 578-58	-4517	17. INFORMANT	Eapen(Br	ADDRES Same	e as ab
ULD BE EXECUTED WITHIN 2: "PENDING" IN PENCIL IN II THE MEDICAL EXAMINER ALC ED AS A BURIAL - PRANSIT PHEALTH AND MENIAL HYG IL, CREMATION, OR REMOV	NOI		ANT CONDITIONS	(c)	R AS A CONSEO		ASE OR CONDITION GIVEN IN I	PART 1 (a		
C HEF / PA	CERTIFICATION	19a. DATE OF OPE				CH OPERATION	WAS PERFORMED?			20 AUTOPSY YES [
THICATT S THE V TO THE HOULD HOULD NOR TO	MEDICAL CEI	210. EXTERNAL CA UNDERLYING CONTRIBUTING [210. INJURY OCC.	OR CAUSE OF D	DEATH P.	M. MONTH DA	YEAR	HOW INJURY OCCUR	RED (ENTER NATURE OF HUJUR	Y IN ITEM 18 PART 1 OR	PART 2)
THIS CER WARDED PAGE 3 SI TATE DEP 21201 PR	ME	WHILE NO	OT WHILE C		CTORY, FARM, ETC.)	IOME, (11. L	STREET	CITY OR TOWN		COUNTY
		226. I certify the death resulted fr ACTUAL SIGNATURE	-	e of the remains d	Accident	eld an Auto	Homicide TITLE (SPECIFY)	On Inquiry Undetermined moni	DAT	
TO MEDICAL EXAMINER EXECUTE THE CERTIFICATION PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR. AFTER DEATH, WITH THE BALTIMORE, MARYLAND								18 W13		



6			FOR STATE REGISTRAR		DEPARTA		ALTH AND MENTAL HYC	REG. NO.	0 2 0	9 2
/	. m.=	1	DECEASED NAME FIRS		MIDDLE	LA	ST .	20. DATE OF DEATH MONTH	DAY YEAR 26	. HOUR
1	A P		MAR	Y ET	HEL	7	oy	1,00	19 1953	2:0PM
		3	. SEX	4. RACE		5. DATE OF		6. AGE IN YEARS LAST BIRTHDAY)		UNDER 24 HRS
	8		Female	Whit		Oct.	9°, 18′9′3	89 YRS		MIN,
	1 TO 10	7"	BIRTHPLACE (STATE OR FOREIGN Maryland		WHAT COUNTRY?	8. MARRIED	□ NEVER MARRIED 🛣	9. BALTIMORE CITY OR COUN	TY OF DEATH	
	ded ded	21.	Mary Land		S.A.	WIDOWED		Montgomery		MD.
201	by the filed will be notified	3	Rockville	56 A	CH FACILITY, GIVE STREET	ADDRESS)	OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING SCHOOL Teacl	126. KIND OF B INDUSTRY NET	USINESS OR
AND 21	rithin 24 hourstely filled in 2 should be niner flyst be		SOUAL RESIDENCE (IF NURSING HO 30. STATE 136 C Maryland Mo	me or other institution ounty ntgomery	Gaithers		34. INSIDE CITY LIMITS?	13: STREET ADDRESS 16584 Sioux La	ane 20°	760
RYL		1	FATHER'S NAME	WIDDLE	LAST		S. MOTHER'S MAIDEN NA	ME MIDDLE	LAST	00
WA	complete land	Y	George	W.	Jov		Katherine		Joy	
ORE,	n and co	11	WAS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	7. INFORMANT	16584DD&ESS		X
TIM	S. Poo		No		213-42-	9631	James Sterli	ng, Gaithersburg		nd
BAL	ysici oper oval nt, th		18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA	er only one couse per	r line for (o), (b), one	ter		11.7	APPROXIMAT BETWEEN ONS	E INTERVAL ET AND DEATH
ST.	g ph sanp remo			DIATE CAUSE (0)	caran	Jenes	moral a	res	1-2	Louis
NO	cark cark n, a,		5990	DUE TO, O	R AS A CONSEQUE	NCE OF	0		0	
RES	nove official		Conditions, if any, whice gave rise to immediate	(b)	syena	emia	1		700	ap.
201 W. PRESTON	d by the ease rer ol, crem or other		couse (0), stating the underlying couse loss	DUE TO O	LL CONSEQUE	Prast	weedin	, Premonitis	r.	
	an signer Then plants of injury, of			Toballa	UNA, F	Pack	OT RELATED TO THE TERM	and disease or condition G	Put Tron.	
DIVISION OF VITAL RECORDS,	ion. hos been if permit iene price	7	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATION	WAS PERFORMED	IN CERT	ES, WERE FINDINGS IFYING CAUSES OF YES	SUSED DEATH?
7	hysici icate ronsii Hygir 18 sh		210. ACCIDENT WAS UNDERLYING		OF INJURY .M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
0	iding phi is certifi buriol-tr Mentol or Hem 1		OR CONTRIBUTING CAUSE C	, DEATH	.M.	19				
OISIVI	offending ter this ca is the burn hand Mer		OR CONTINUED IN CAUSE OF	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA		21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	R. Af		220.1 certify that (1) (this h	ospital) attended th	ne deceased from_	1/1	9 19.0 ≥		, 19 3 , tho	t (I) (we) lost
	Spito CTO I for of h		sow the deceased alive above, (1) (we) (did) (di	d not) view the body	ofter death.	65, ond	that in (my) (our) opinion	death occurred on the date and ha	our and from the cou	ises stated
	by the hore to detached State Dept.		22b. SIGNATURE	lul,	box can		GREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIG	I/83
C C	retained by a TO FUNERAL should be dewith the State IMPORTANT:		22d. PHYSICIAN'S NAME (T	W CO.	sea lu	110	DERWO	grencand 1	20805	
Ç	5 £ ₹ 3 ₹ —	2	BURIAL, CREMATION, REMO	VAL 23b. DATE	23c N	AME OF CE	METERY OR CREMATORY	23d. LOCATION		
	BP		Cremation	1-21-8		dar Hi		Suitland, Pri	nce George	e's,Md.
DHA	MH - 16 50M 4/B2		FUNERAL DIRECTOR				25a. DAT	E REC'D. BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE	. 1
	(VRA 15, 4)	1	Brinsfield Fune	ral Home,	Leonardt	own, Ma	ryland JA	IN 271983 Joh	mon who	ney

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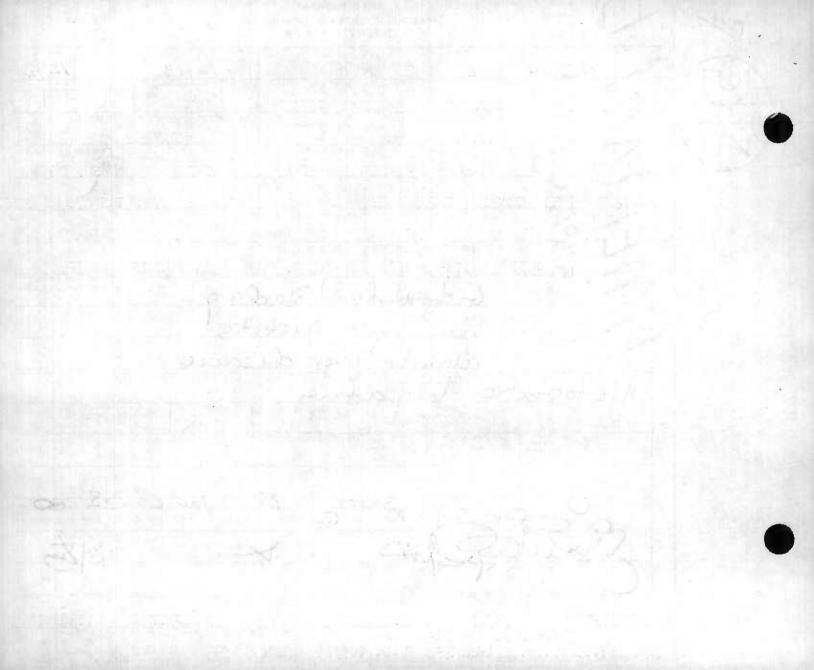
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	LEASE CTOR. FILES. IOURS TREET,	3. SEX		4 RACE	5. DATE OF BIRTH		6. AGE (IN YE		•	IF UNDER	24 HRS. 2	DATE		/	DAY YEA	
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Q	A SA	16a. V	VAS DECEASED	EVER IN U.S. AR	MED FORCES?	Bar 166. SOC	IAL SECURIT	Y NO.	17. INFORA	MANT		A	DDRESS	11/4	Luurk	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS JAWN PRINCIL IN TIEM 18. GVIP PAGES 1, 2, AND 3 TO THE THE WEDIOLACL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE. USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED OF HEALTH AND MENTAL HYGIENE, DIVISION ON THE PECORDS, 2010, REMOVAL.	{Y	ES. NO, OR UNKNOW	WN) (IF YES, GIVE	WAR OR DATES)				21	, ,	7 1	11 . 1	,	0	. 12	
× ×	S PHAN	H	Vo				12-438		Rober	II L.	Judy	Husba	ina.	Same o		LIE INTERVAL
ST.,	MAN WAR	1 9	18. CAUSE OF	ATH WAS CAUSE	ly one cause per lin										BETWEEN ON	SET AND DEATH
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8.	E S S S S S S S S S S S S S S S S S S S			e to immediate	(b) <u>C</u>	arcin	oma of	the	lung.							
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.20	SAEST		iying coo.	30 1031.	(c)					32.5						
DS	A A B A S A S A S A S A S A S A S A S A		PART 2 OTHER SIG	INIFICANT CONDITIONS	CONTRIBUTING 10 DEATH	BUT NOT RELA	TEO TO THE TERM	INAL DISEASE	OR CONDITION	N GIVEN IN PAI	RT 1 (a).					
Ö	SA SEA SEA SEA	N N		None	2											
<u>a</u>	WORD "PER WORD "PER ME CHIEF M BE USED A ENT OF HEAD D BURIAL, C	CERTIFICATION	190 DATE OF			ITION FOR	WHICH OPER	ATION W	AS PERFOR	MED?					20 AUTOPS	Υ?
<u>₹</u>	DE HESSE	1 E	None		1000									100	YES 🗆	NO 😿
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	MINER: THIS CERTIFICATE SHOULD E FICATE, WRITING THE WORD, "PEN FE FORWARDED TO THE CHIEF ME CTOR: PAGE 3 SHOULD BE USED A! 1 THE STATE DEPARTMENT OF HEAL ICAND, 21201 PRIOR TO BURBAL, GG		22a certif	y that I toak charg	ge of the remains de	scribed abo	ve, held an	Autap	sy .	Inspection	n .	Inquiry X	, and	in my opinio	on	
	NE STATE		death resulte	d fram: Natur	ral causes 👿	Accident	D, Su	icide	, Hamic	cide .	Undeter	rmined manne	r .			
	ARY ARY		SALUE PASS	7	~ ~	/	7		TITLE (SI	PECIFY)						
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	TIMER TIME	4-	EXAMINER'S I	Joh	nn S. Rog	ers. 1	A.D.		ADDRESS_	Silve	r Spr	ary Ro	ontec	merv.	Md.	
	TO MEDICAL EXAMINER: THIS CER EXCUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: SAFIER DEATH, WITH THE STATE DEI BALTIMORE, MARYLAND, 21201 PF	73a B		ION, REMOVAL 2			NAME OF CEA				1234 100	ATION				
		(:	PECIFY		an.13.19						And	ington		COUNTY	irgin	STATE
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	DHMH - 17			rsity Bl			Sprin	a M		JA	N 17	1983	Sol	m 9.	Cohe	el
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10	-5	1-	FOR STATE REGISTRAR		DEPARTA	MENT OF HE	OF MARYLAND ALTH AND MEN CATE OF DEA	NTAL HYGI		. NO.	2	0 9 4
10:	n #		CEASED NAME FIRST A NOCE	R	. Kim	lea	51		1/ a.5	/ 83	Y YEAR	26. HOUR 1550
ge 4 may	M	3. SE		4 RACE Whi		5. DATE OF	BIRTH	YEAR	6. AGE (IN YEARS LAST		FUNDER 1 YEAR	
deciti Po	58	MA	RTHPLACE (STATE OR FOREIGN SSACHUSETTS	U.S		WIDOWED		RCED 🗌	9. BALTIMORE CITY	00 TC	ME	RY MD.
201 urs ofter	by the filed the state of the s	5	ITY OR TOWN OF DEATH	HOLU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET CVOSS	ADDRESS)	SPITA	0	120. USUAL OCCUP (TYPE OF WORK FOR MO Pederal Co	ST OF WORKING MEET	INDUSTR	OF BUSINESS OR Y S.GOV'T
LAND 21	should be er must be	13a. S MA	AL RESIDENCE (IF NURSING HOMEOR STATE 136, COUN RYLAND MONT	GOMERY	13c. CITY OR TOW SILVER S	PRING	13d. INSIDE CITY I YES X NO 15. MOTHER'S MA		13. STREET ADDRES	ndler D	rive	(20903)
MARY med with	and 2		MORRIS	MIDDLE	RADNER		ROSE	T	WIDDLE	K	AVIT	ZSKY
TIMORE	Poges I	(VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN} (IF YES, GIV	MED FORCES?	016-10-0		Moreen. N	Miller	.12406 St	afford	L <i>a</i> ne:	Bowie Md.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 INC. PHYSICIAN: The low requires that the death certificate be executed within 24 hours	signed by the ottending p Then pleose remove corban to buriol, cremotian, or rem njury, or ather troumatic eve	NO	Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT ((b)	DR AS A CONSEQUE	NCE OF	OT RELATED TO	THE TERMI	of for	ONDITION GIVE	9 gg	INS.
AL RECOR	hos beer hos beer ene prior ows ony	CERTIFICATION	196 DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATION	WAS PERFORME	ED	200 AUTOPSY?	IN CERTIFY	ING CAUSE	PINGS USED ES OF DEATH?
SION OF VIT	S OF B	MEDICAL CEI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A	.M. MONTH DA	YEAR		RY OCCURR	ED (ENTER NATURE OF II	NJURY IN ITEM 18. PAI	RT 1 OR PART 2)	
OIVISION NG PHY	After this certifie os the buriolist of the ond Mental marked or Item	WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET		CITY OF	RIOWN	COUNTY	STATE
ATTEND	TOR: for us of He		220.1 certify that (I) (this hopes saw the deceased alive an above, (I) (c. 1) (did not be a like that the state of the st			33. and	I that in (my) tour	19	eath accurred on the	2.5, 1 e date and hour		e couses stated
HOSPITAL OR	ERAL Stote		274 PHYSICIAN'S NAME (1995)	amel)	bos (M	ATTE	NDING SICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN [1/2	5/83
O HOS	TO FUNERAL should be del with the Stote	22	DR. G. LEN					_	Street; Sil	ver Spr	ing, 1	Md. 20910
В	P		BURIAL CREMATION, REMOVAL	Jan.26	,1983 KI	NG DAV	ID MEMOR	RIAL C	23d LOCATION CITY OF TOWN TOWN: FALLS	CHURCH	FAIR	FAX:VA.
	I - 16 50M 4/82 VRA 15, 4)		UNERAL DIRECTOR DANZA NAME 70 Rockville Pi		HUDRESS			JAN :	2 8 1983	REGISTR	AR'S SIGNA	hulf

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STATE OF MARYLAND



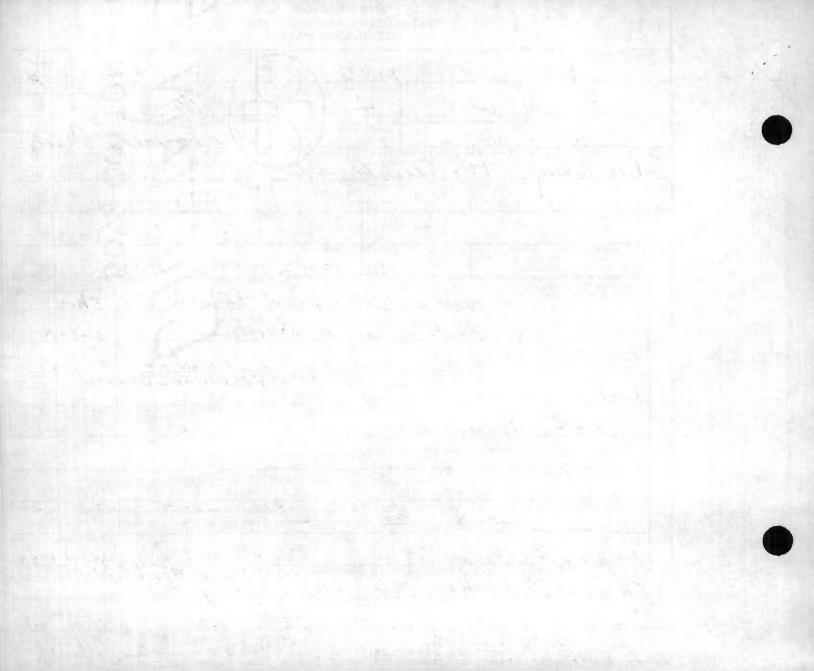
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1/	1	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3	209
10	1.	REGISTRAR CERTIFICATE OF DEATH REG. NO. DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH	DAY YEAR 2b HOUR
8 75	1	TYPE OR PRINT)	8.50
you (gg	3.	EVELYN MAY KING January 13, 198 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24
	1	Female White September 5, 1920 62 YRS.	MONTHS DAYS HOURS
	100	BIRTHPLACE (STATE ON FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED (STATE ON FOREIGN 9. BALTIMORE CITY OR COUNTRY)	Y OF DEATH
1 9		ashington, DC U.S.A. WIDOWED DMORCED Montgomery Coun	tv
oy the fu		CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT INSUCH FACILITY, GIVE STREET ADDRESS) NIH, The Clinical Center 126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	12b, KIND OF BUSINESS
Dour in the	200	SUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	Trome
in 24 h	1	Maryland St. Mary's Ridge YES NO Wynne Road, Box	43 20680
within within a 2 sh	7/1	FATHER'S NAME FIRST MIDDLE LAST IS MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
completion of a completion of	0	George Miller Helen Rollins	
xecund co	17 16	R. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
0 0 0		No N/A 579-18-7886 Mr. Bernard King (Husband)	Same
rficate be physician naval.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVA
	-9	PARTI. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) H/O SEPSIS AND SMALL BOWEL PERFORATION	2 DAYS
6 0122		1/1/1	
tending e corboi an, or rei		Conditions, if any, which Conditions, if any, which Conditions, if any, which	7 YEARS
the deat he atten emove c emation, er troum			/ IEARS
t the tree tree the tree tree tree tree		cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF	
se that led by please prial, a		(c) 11101110111	2 YEARS
equires that the death an signed by the attending. Then please remove corbitoburial, cremation, or injury, or ather troumatic.	a	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G	VEN IN PART 110
beer rmit. prior ony i	7	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YI	ES, WERE FINDINGS USED
has I have I hav	/ <u>}</u>	112 July Soil C 1	IFYING CAUSES OF DEATH
	7 8	210. ACCIDENT WAS UNDERTRING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18	res X NO
SICIAN: Tog physici og physici certificate riol-transi ental Hygi ftem 18 sh	//	OR CONTRACTOR OF STATE I HOUR A.M. MONTH DAY YEAR	PART I OR PART 2)
SICIA ng pl certif certif inol-t	1 3	(# EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19	
수 등 수 등 한 수	A CHOOL	21d, INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f, LOCATION STREET CITY OR TOWN	COUNTY STAT
ATENDING Spital or at CTOR: After of for use as i of Health on		270.1 certify that (K(this haspital) attended the deceased from December 2, 1982, to January 13	. 19_83, that (K(we
TEN Into I OR OF O	4	saw the deceased alive an January 13, 19 83, and that in XX (aur) apinian death accurred an the date and had abaveXX (we) XX (did not) view the body after death.	
OR ATTENIOR hospital of DIRECTOR. sched for us Dept. of Her 21 is at them 21 is at them 21 is at them 21 is at the or at the or		abaveXX we) XX (did not) view the bady after death. DEGREE	22c, DATE SIGNED
		ATTENDING MEDICAL STAFF .	11/1-1.2
SPITAL J by th NERAL be deto e Stote TANT: H	-	PHYSICIAN DIRECTOR PHYSICIAN	1//3/83
HOSPITAL ined by the FUNERAL wild be dett in the State	11	270 CONSICIAN'S NAME (14PE 1 INT) 270. ADDRESSNATIONAL INSTITUTES OF	HEALTH
- 0 - 0 ± 0	E I	CLINICAL CENTER, BETHESDA, M	TARYLAND 2020
of of with MP	23	6. BURIAL, CREMATION, REMOV 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	TITLE LUCO.
BP	N	(SPECIFY)	COUNTY STAT
		urial January 17, 198 Fort Lincoln Cemetery Brentwood, Province Funeral Home, Inc.	TPAP'S SIGNATURE
DHMH - 16 50M 4/82		VADORE TO THE TOTAL OF THE PARTY OF THE PART	- Comily
(VRA 15, 4) 66	31_	Old Alexander Ferry Road, Clinton, Maryland JAN 10 50	.0

The direction of water Indicate and and The court of the province are transmission of the first of the court of on the second of the second of

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1 DECEASED NAME MIGDIA 20. DATE OF DEATH MONTH TYPE OR PRINT MAE 3 SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR YEAR 08 To. BIRTHPLACE (STATE OF TOPLICH THE CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED VIRGINIA DIVORCED OR TOWN OF DEATH T. NAME OF 126. KIND OF BUSINES COOK MONT. COUNTY SCHOOLS 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? MONTGOMERY MARYLAND SILVER SPRING 730 DENNIS AVENUE 20901 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIODLE OBEY ADDA UNKNOWN 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** LYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 579-22-4608 HUSBAND NO KING SAME AS 13 HENRY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for 101, (b), and ic). PART I. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACH Condinons, if any, which gave rise to immediate cause (a), stating the underlying couse ā DIVISION OF VITAL RECORDS, CERTIFICATION * GM CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? DECLUSION NON NO T Hygi 210 ACCIDENT WAS UNDERLYING 21h TIME OF INTURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME STREET, FACTORY OFFICE FARM ETC.) STREET STATE NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from Dec. 83 sow the deceased alive on_ , and that in (my) (our) apinian death accurred an the date and hour and fram the causes stated obave, (1) (me) (did not) view the bady after death SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN MPORTAN PHYSICIAN'S NAME 22e ADDRESS 0 230 BURIAL, CREMATION, REMOVAL I SPECIFY BP BRENTWOOD FT. LINCOLN CEMETERY GEO BURTAL FRANCIS J. COLLINS. DHMH-16 50M 1/B1 (VRA 15, 4) 500 UNIV. BLVD., W. SILVER SPRING, MD. 20901

STATE OF MARYLAND



- STATE

24. FUNERAL DIRECTOR

Hines/Rinaldi 11800 N.H.Ave.S.S.Md.

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND

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DECEASED NAME FIRST MIDDLE 20 DATE OF DEATH MONTH 2h HOUR TYPE OR PRINTS Rose Kocsis 19 1983 Jan 3. SEX 4. RACE 5 DATE OF BIRTH A. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR March 06,1891 white female. 70. BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED . NEVER MARRIED Montgomery U. S. A. WIDOWED HITC DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINESS OR INDUSTRY Holy Cross Hospital SilverSpring Homemaker. 13a. STATE Silver Spring 1314909 Cobblestone Dr. Montgomery Maryland 4 FATHER'S NAME 15 MOTHER'S MAIDENNAME Dittrick. 16b SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT NO. OR UNKNOWN) 217-32-1750 A. Fred N. Forconi. 14909 Cobblestone Dragtween onset and Death 18 CAUSE OF DEATH (Enter only one couse per line o), (b) and ic. PART I DEATH WAS CAUSED BY. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE RERMINAL DISEASE OR CONDITION GIVEN IN PART LIC CERTIFICATION 20a AUTOPSY? 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 214 INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME STREET FACTORY, OFFICE, FARM ETC) WHILE AL WORK NOT WHILE Jak 220.1 certify that (1) this hospital attended the deceased from and that in (my) our) opinion death occurred on the date and hour and from the causes stated did not view the body ofter death. DEGREE 22r DATE SIGNED MD DIRECTOR PHYSICIAN 19 Jan 83 PHYSICIAN MPORTAN 22e ADDRESS d b 230 BURIAL, CREMATION, REMOVAL 23r NAME OF CEMETERY OR CREMATORY Burial Lincoln Bladensburg Ra DHMH - 16 50M 1/81 (VRA 15, 4)

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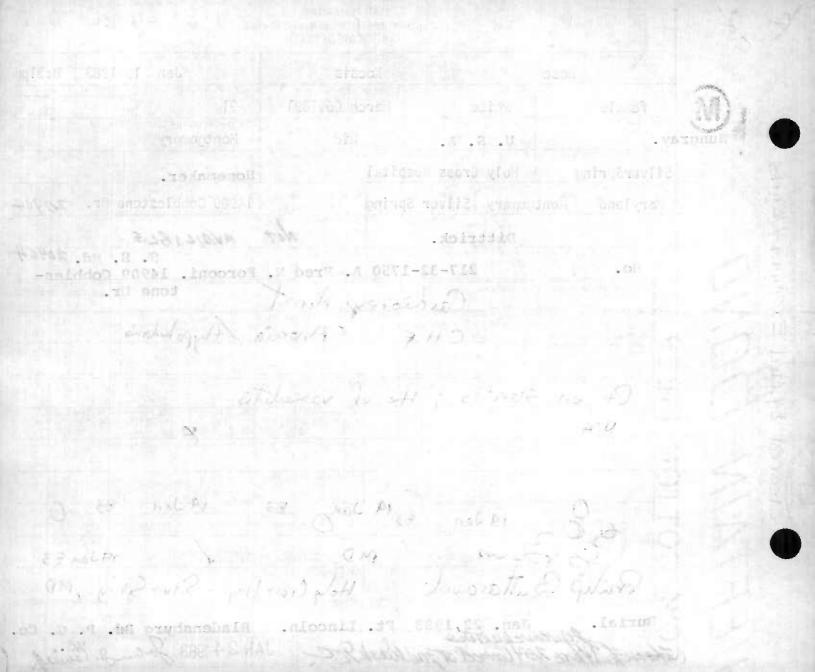
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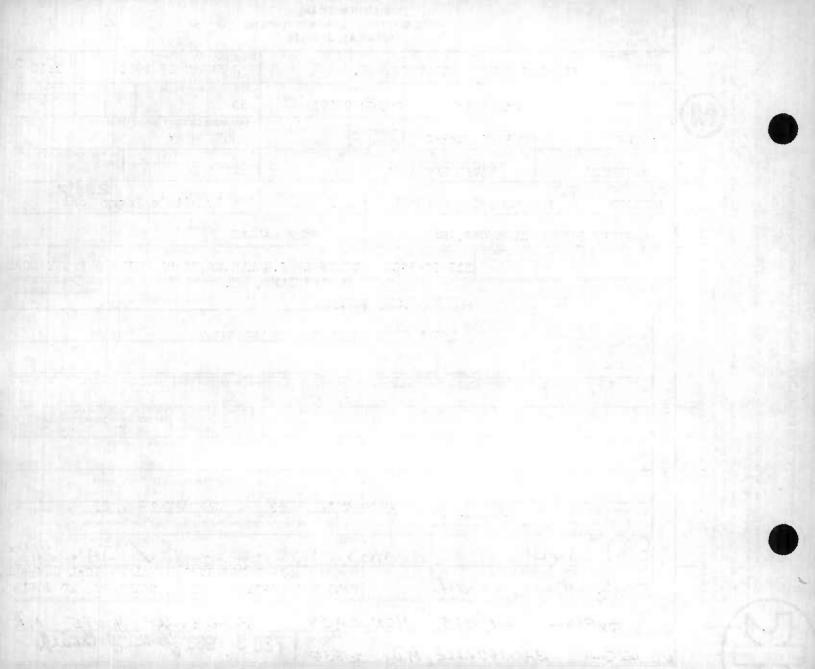
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

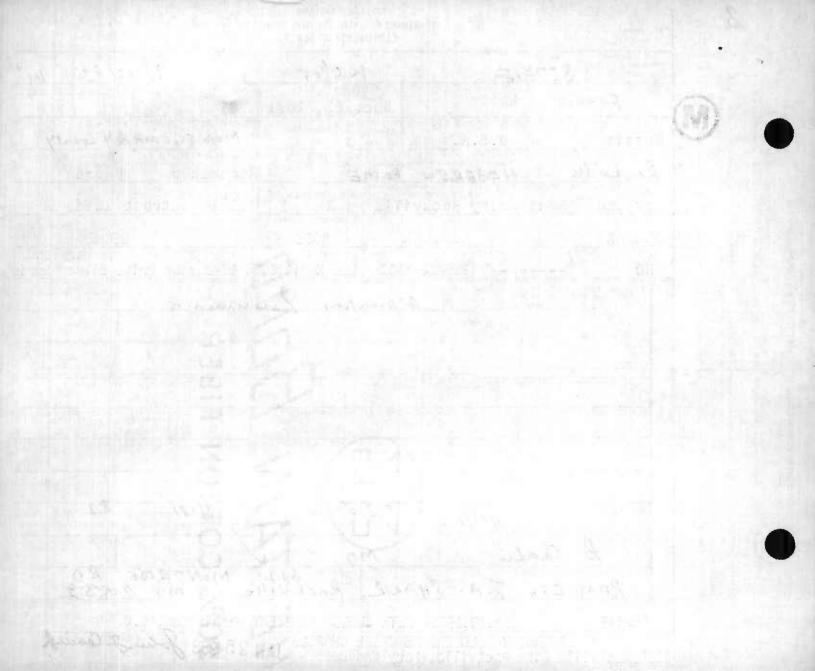


(VRA 15, 4)



	1 -	FOR STATE REGISTRAR	DEPAR	TMENT OF	FICATE OF DEATH	ENE 8 S	0 2	0 3
deoth	{TYPE		PHIE		16081T	2a. DATE OF DEATH	MONTH DAY YEAR 1/17/8-3	26 HOUR 4
M	3 SEX	Eemale'	White	Dec	. 23, 1891	6 AGE (IN YEARS LAST BII	YRS IF UNDER LYEA	AR IF UNDER 24 HRS S HOURS MIN.
	Ri	RTHPLACE (STATE OR FOREIGN OUNTRY) USSIA	U.S.A.	WIDOW		MONTG	OMARY G	mo.
90 Periodifie	K	lockville	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE HEBBREW	HO N		12ª USUAL OCCUPAT (TYPE OF WORK FOR MOST O Homemaker	OF WORKING LIFE) INDUSTR	
W / 1	13a. S 1a 1	TATE 13b CC	NEOR OTHER INSTITUTION GIVE RESIDENCE BEN DUNTY I 13c. CITY OR TO Ntgomery Rocky	WN	13d. INSIDE CITY LIMITS? YES X NO 1	13e STREET ADDRESS 6121 Mor	ntrose Roa	d 20801
151	В	ERNARD	KESSLE	R	ROSE	MIDDLE	ВЕСКЕ	AST
e medicol	11	(15 YES	ARMED FORCES? 16b. SOCIAL SEC 216-32-		Leo Kopit;100	ADDR 04 Lamberto	r ss	laryland
rinjury, or other tro	TION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEO	DEATH BUT	NOT RELATED TO THE TERMI	nal disease or con	IDITION GIVEN IN PART	ł(o)
shows only	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART 1 OR PART 2)	
orked or	MEDICAL	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	, FARM, ETC)	211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
em 21 is mo		sow the deceased olive	on 1997 1991 not) view the body of the deceased from 1991 not) view the body of the death.	0	nd that in (my) (our) apinion d	e oth occurred on the d		
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MPORTANT		RAMLET	14 T-A- SHI	BKIR	Rockide		10 2085	2
_ [(1	URIAL, CREMATION, REMOV Burial	Jan.20,1983	BETH S	EMETERY OR CREMATORY	Washingto	on, D.C.	STATE
()		NERAL DIRECTOR DANZ	ZANSKY-GOLDBERG M	EMORIA	L CHAPELS SOLDATE	2 5 1983	Wh. REGISTRALL SIGN	weig

STATE OF MARYLAND



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	1		STA	TE OF MARYLAND		
-		FOR STATE		HEALTH AND MENTAL HY		2 1 0 5
10		REGISTRAR	MEDICAL EXAMIN	IER'S CERTIFICATE OF	DEATH REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAST	28. DATE KNOWN DO MO	NTH DAY YEAR 76 HOUR
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X C H S H	3. SEX	K 4. RACE	S DATE OF BIRTH 6. AGE (IN Y	EARS IF UNDER 1 YR. IF UNDER 24		
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	7 BI	RTHPLACE (STATE OR PREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED		UNITY OF DEATH
- 一	4)	Mai	4.5.A.	WIDOWED DIVORCED	□ Montgomery	MD.
2 HHH32	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOM		O USUAL OCCUPATION (TYPE OF W	ORK 126. KIND OF BUSINESS OR INDUSTRY
3582301		Olney	Montgomery General	Hospital	Housewife	OK INDOSTRI
MY DEL			OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS			1966
ANY D AND 3 RETAIN BOURD BOOKE	13a. S	TATE 13b. COUN	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? 1:	STREET ADDRESS	77. DI
0 = 0 m 3 3 3	1	ATHER'S MAME	ant offing	15. MOTHER'S MAIDEN	13101650	E110 /CH
F-808/V		ATHER'S NAME	MIDDLE TO LAST	13. MOTHER'S MAIDEN	MIDDLE	LAST
O AND AND O	4_	JOHN	T. Burgess	MAR	4 E. GROO.	MES
THE DE PAGE LA CONCINCION CONCINC		VAS DECEASED EVER IN U.S. AR	WAR OR DATES)		ADDRESS	Van rollin
2 1 D 2 S		NO	212-21-3	3047 Henry K	OSH HUSBand	13 HINE 10#13
WITT PA		18 CAUSE OF DEATH (Enter or	nly one cause per line for (a), (b), and (c).)		4 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ON ST. 24 HOLIR 10NG W PERMIT. 3IENE, D		PART I DEATH WAS CAUSE	TE CAUSE OF CONTE	MYOCZN	dis1 1015	SCHOOL SEPARATION SEATON
TONS 24 HG 1 ITEM 4 LONG T PERM YGIENE OVAL		4271	DUE TO, OR AS A CONSEQUENCE	OF		
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DIVISION OF VIT. R: THIS CERTIFICATE SHETTE, WRITING THE WORL R: PAGE 3 SHOULD BE UE STATE DEPARTMENT OF DEPARTM		AT WORK			7	
L EXAMINER: TO CERTIFICATE, DUID BE FORW. I. DIRECTOR: F. H., WITH THE SI MARYLAND, SI	1	22a I certify that I took char	ge of the remains described above, held on	Autapsy , Inspection	👺 Inquiry 🗀 , and in r	ny opinion
EXAMINER CERTIFICAT JID BE FOI DIRECTORI MITH THE MARYLAND		death resulted from: Natu	oral causes 🗘 Accident 🔲 , S	vicide , Hamicide .	Undetermined manner	
EXAMIN CERTIFIC ULD BE DIRECT WITH T			000	TITLE (SPECIFY)		W 0100
DICAL I TE THE G A SHOU NERAL DEATH, AORE, N	1	SIGNATURE	Zoff Race	M.D. P. E. D.	_MEDICAL EXAMINER S	ATE (5m, 1/983
PEA STET	7 -					
MEDIO COUTE SE 4 5 FUNE FINE	-	(TYPE OR PRINT)		ADDRESS	de la california de la	
TO MEDICAL E RECUTETHE PAGE 4 SHOU TO FUNERAL I BAFTER DEATH	23a.B	URIAL, CREMATION, REMOVAL	23b, DATE 23c, DIAME OF CE	METERY OR CREMATORY	23d. LOCATION	couls / cour
BP	1	BURIAL	1-11-83 Bushy	Ark Com.	CONTOWN PSUITE	Houser Md.
BP	24 F	UNERAL DIRECTOR	2111 11 111	Sh. ST. 250. DATE RE	C'D. BY REGISTRAR 736. REGISTRA	R'S SIGNATURE
DHMH - 17 (VR A15 ME (5))	16	NAME POR POR	ADDRESS TO N. W.	MA TAN	171983 John	2 Cancell
(VR ATS ME (5))	1	lorge K. VI.	LUNGEN NOCKVILLE	, MID. IJAN	1 1 1000 1	

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Now work	3. SE	(4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST B		UNDERTYEAR	IF UNDER 24 HRS
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hour be t	USU/	AL RESIDENCE (IF NURSING HOME COL	OR OTHER INSTITUTIO	N. GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	7-10		
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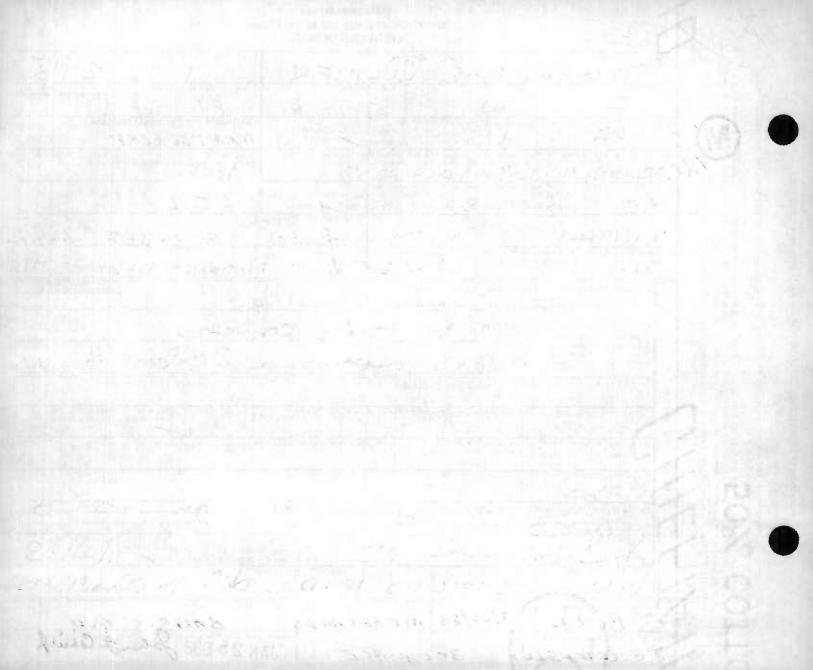
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BALTIMORE, cote be execut sysician and co opers. Pages I vol.	0	NO OR UNKNOWN) (IF	ES, GIVE WAR OR DATES)	577-09-8	831A	Elizabeth E.	Kuffner- wi	fe-(sa	me as 1	3e)
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201 W set that sed by please urial, c. or att			(c) <u>(</u>	+ 1 koldes circles		MIN DORTHE				
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DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requirer offending physician. Were this certificate has been sign of the buriol-transit permit. The hand Mental Hygiene prior to the and Mental Hygiene prior to carked or Item 18 shows any injurior orked or Item 18 shows any injurior	CERTIFICATION						YES NOTE	IN CERTIFYIN	NG CAUSES OF	DEATH?
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(VRA 15, 4)	Hi	nes Rinaldi	Funeral H	OMO		20904	N 25 1983	Joan	J. Com	elf.

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er kock Dr., Galelandbuer it	15-15- 6. On			Hashir .
	novadi ho s	ono 1981 to	2 .485	Indust

11 Junean Ave.

3 W	1-	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	HENE 8 3 0	2 1 0 9
may be poge at death	(TYPE	DOSOLMA	MAENULN	LULYNEK	20. DATE OF DEATH MONTH D	2 83 2b. HOUR M
Poge 4 ms	3. SE)	F	CITIZEN OF WHAT COUNTRY?	5. DATE OF BIRTH MONTH DAY YEAR 8		IF UNDER 1 YEAR IF UNDER 14 MIS.
de ch	12 "	OUNTRY) PA,	US NAME OF HOSPITAL NUIDEN	MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	MONTGOMER	
201	DE	RUGOD, MD	FIRMOT IN SUCH FACILITY, GIVE STREET	BAR ST.	TYPE OF WORK FOR MOST OF WORKING LIFE	INDUSTRY
in 24 hours	139	AL RESIDENCE (IF NURSING HONE OR OTH	13c. CITY OR TOW	ATER YES D NO D	13. STREET ADDRESS 1 99	117
completely ond 2 s	V	THER'S NAME ULLLIAM MIDE	SMIT	15. MOTHER'S MAIDEN NA FIRST ELLEN	ELIZABE	TH Welch
be executed on ond control on on one one		(AS DECEASED EVER IN U.S. ARMEI (IF YES, GIVE W)			AWRENCE, DE	
RDS, 201 W. PRESTON ST., BAL equires that the death certificate in signed by the attending physici Then please remove carban paper ro burial, cremation, or remaval. injury, or other traumatic event, th	7	PART I. DEATH WAS CAUSED B IMMEDIATE CONditions, if ony, which gave rise to immediate cause tal, stating the underlying cause last. PART 2 OTHER SIGNIFICANT CON	DUE TO OR AS A CONSEQUI	a forthe Co	ancer 2 Colon NINAL DISEASE OR CONDITION GIVE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH L VEOL
AL RECO	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?
DIVISION OF VITA ING PHYSICIAN: The other this certificate to sithe buriol-transit th and Mentol Hygies orked or item 18 stool	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY	21t. HOW INJURY OCCUR 19 211. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	AŘT I OR PART 2)
DIVISION C attending ther this ce os the burio	MED	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
ATTENDI osporto osport		220.1 certify that ((this haspita) saw the deceased of above (1) aye) (did (did nat))	attended the deceased fram	, and that in (my (out) opinion DEGREE	death occurred on the date and haur	ond from the causes stated
The Design of th		THE PHYSICIAN'S NAME (TYPE OR PR	endl.	MT ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	1/99/83
O HOSFIT channed by TO FUNER thould be a with the St		DHN G. L	BUELL H	D 1811 Prince	· Ding Dr. a	25835 Phrank
99999BP	1	BURIAL	1/2//02	NAME OF CEMETERY OR CREMATORY	BALTE.	COUNTY STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	J4. Ft	NAME CONVELL	7 300	MACE ST	rec'd. By registrar 2 Segistran 2 5 1983	RAR'S SIGN STURE



nding physician and completely filled in Ity carban papers. Pages 1 and 2 should be file

and Mental Hygiene prior to burial, cremation, ar remayal

injury, ar other traumatic

1	FOR - STATE REGISTRAR	DEPARTA	MENT OF HEAD	FMARYLAND LTH AND MENTAL HYG ATE OF DEATH	IENE 3 3	0 2 1	10
	ECEASED NAME PE OR PRINT) FIRST John	Claiborn	LAST	ake	Tel Dille Or Berlin	y 23,1983	26. HOUR 5: 53A _M
3 SI	Male	4 RACE White	S DATE OF B		6. AGE (IN YEARS LAST BIRTHO)	IF UNDER 1 YEAR	HOURS AND
70.8	BIRTHPLACE STATE OR FOREIGN COUNTRY Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED [NEVER MARRIED XX	9. BALTIMORE CITY OR 6 Mon	tgomery	MD.
	Adelphia, Md.	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR C	oly Cross Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	126. KIND C	OF BUSINESS OR
130.	Md. Prin	or other institution, give residence before JNTY 13c CITY OR TOW CE Georges Adely	ADMISSION) N 130	INSIDE CITY LIMITS?	13e STREET ADDRESS 1923 Merri	2079	83
14. F	Kerry	Lee Lake	15	MOTHER'S MAIDEN NA FIRST Lora	Frances	Claib	
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECU IVE WAR OR DATES)		erry L. La	ke Adelphi	rrimac Dr	
	PART I. DEATH WAS CAUS	only one cause per line far (p), (b), and SED BY: ATE CAUSE (o) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	nce of te	ity ut cervix	(APPROX BETWEEN	MAJÉ INTERVAL ONSET AND GEÁIH
CERTIFICATION	Previous /	CONDITIONS CONTRIBUTING TO E	uteru	e, spontan	200 AUTOPSY? 12		Protessie NGS USED
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		YEAR 19		RED (ENTER NATURE OF INJURY II	N (TEM 18, PART 1 OR PART 2)	
MED	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	If. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	saw the deceased alive a abave, (1) (we) (did) (did r	pital) attended the deceased from Usin January 23 19 8			, to January death occurred on the date	and hour and from the	
	276. SIGNATURE	J Hogan	DEC	PHYSICIAN IN	MEDICAL STAFF	27c. DATE	SIGNED

BP.

TO FUNERAL DIRECTOR: After this certificate has been

as the burial-transit permit.

MPORTANT: If them 21 is marked or them 18 show

should be detached for use as with the State Dept. of Health

DHMH - 16 50M 7/77 (VR A 15 (4))

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Cremation 236. DATE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)
William J. Hogan

1-26-83

23c NAME OF CEMETERY OR CREMATORY Metropolitan Crema

22e ADDRESS

23d LOCATION CITY OR TOWN

Alexandria

STATE

Inc. Sil. Spr., MD 84 REGISTRAR 256. RE-24 FUNERAL DIRECTOR Warner E. Pumphrey,

10301 Georgia Ave. Silver Spring, Md.

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and Sea	14 1900	A August and				Trackle	
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10501 Georgia Aro. silver cains, Ed.

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STATE OF MARYLAND

1.	REGISTRAR			CALIFORNI	CERTIF	ICATE OF DEATH	REG.	NO.			
	CEASED NAME	Tave		V.	4	+M50N	2s. DATE OF DEATH	MOHTH (9 8_		PN
1 SE	× Female		white		Octo		78	WATHDAY) YRS.	IF UNDER 1 HE MONTHS DA		AA-Jou
	orth Dakota		USA	WHAT COUNTRY?	MARRIE WIDOW	D NEVER MARRIED	BALTIMORE CITY	TO M			MD
10.0	Betheso	Pa		HOSPITAL, NURSIN		HOSA HA	Housewi	TOT WORKING U	12h Kinto INDUSTI HO		SS-OR
13a. 1	at residence is not State Maryland	136 COUN		Kensing	N	YES K NO -	10100 Wil	dwood	Road	20895	
	Albert		мир(ма	Graham		Letitia	MIDDLE		L	ggett	
100	WAS DECEASED EVER DES NO DE LINENOWNI O		MED FORCES?	212-64-		C. Earl Lam		s 13e		ONWANT HATE	
CERTIFICATION	Conditions, if any gove rise to impose the to impose the state of the state of OPERA	mediate ng the last NIFICANT ((c)_	R AS A CONSEQUE ONTRIBUTING TO I	Tel	SITUADO NO SER PERFORMED	ZOR AUTOPSYT	70h. # YE IN CERTI	S, WERE FIN	DINGS USED	H7.
MEDICAL CER	21a ACCEDITIVAS UN DE CONTERNITAS [] (FERRER ACTEVANO 21a INJURY OCCUR MINUS [] NOT W AT WORK [] NOT W	CAUSE OF DEA	71e PLACE		19	THE LOCATION STREET	RED (ENTER HATURE OF IS	N. S	COUNTY		TATE
Charle &	121.1 certify that (I saw the decrei obove, (I) (we) 122.5 IGNATURS 1234 PHYSICIAN'S N	IAME INTO	Myly ors	atter chath.	U	8512 Old Geor	medical struction medical	TAFF SICIAN []	3%	TE SIGNED	3
73a	BURIAL, CREMATION (SPECIFY Burial	, REMOVAL	1/13/83	23t. I	Parkla	CEMETERY OR CREMATORY Wn Memorial I	Park Rocation	kville,	Mary	land	TATE

DHMH - 16 50M 4/82 (VRA 15, 4)

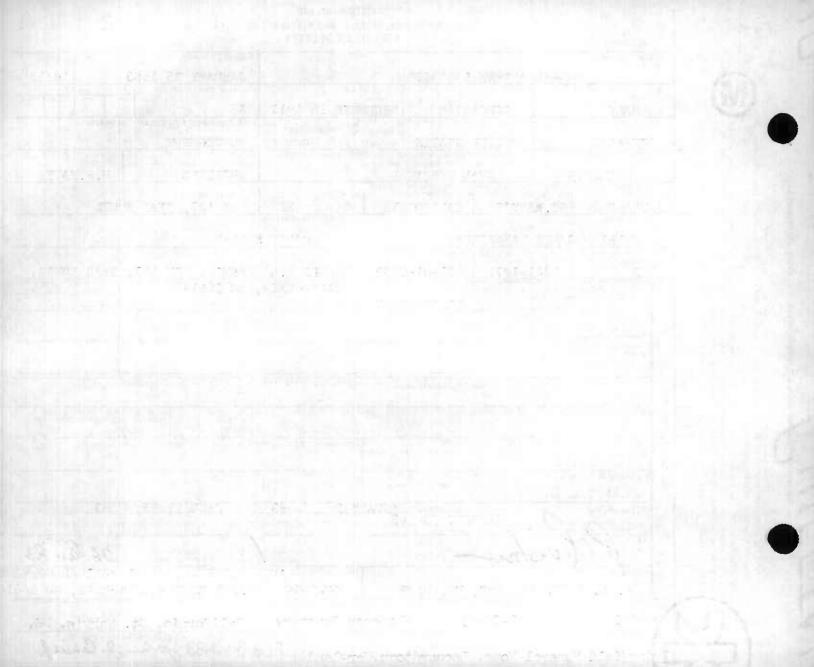
BP.

1331 Rockville Pike Rockville, Maryland 20852

250. DATE REC'D. BY REGISTRAR 150 REGISTRAR'S SIGNATURE

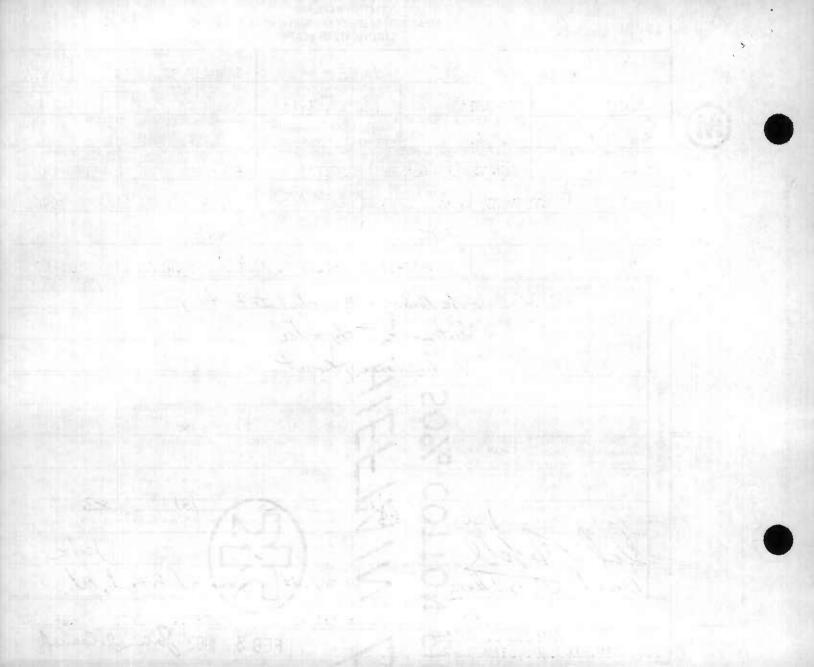
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12	1 -	FOR STATE REGISTRAR		DEPARTA	NENT OF	E OF MARYLAND BEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 3	0	2	1 2
		CEASED NAME FIRST	۸	MIDDLE		LAST	20. DATE OF DEATH		Y YEAR	26 HOUR
1	(1111)		D ANDREW	LANCASTE	R		JANUARY 2	5 1983		10:15PM
(M)	3. SE		4. RACE		5. DATE		6. AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HRS
V		MALE	CAUCA			MBER 10 1917	65	YRS.		
4 90 1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	FDEATH	
Dep Print		ARKANSAS		STATES	WIDOW		MONTGOMER			MD.
27		BETHESDA	NAVA	L HOSPIT.	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST RETIRED		126 KIND O INDUSTRY U.S.	NAVY
Saled in by could be the	13a. S	AL RESIDENCE (IF NURSING HOME STATE 136 CO	OR OTHER INSTITUTION, UNITY MARY S	GIVE RESIDENCE BEFORE 13c. CITY OR TOW CALIFOR	N	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS BOX 127,		OUTE	7
mpletely and 2 sh		THER'S NAME FIRST WILLIAM JAME	WIDDLE	LAST		15. MOTHER'S MAIDEN N. FIRST MARIE			LAS	iT.
Poorti	T.	VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) { IF YES,		431-01-		FRANCES E.LA	ADDR		STAR	ROUTE.
requires that the death certificate be signed by the ottending physician. Then please remove carbon papers: I to burial, cremation, or removal. rinjury, or other traumatic event, then	NO	PART I. DEATH WAS CAU TO THE IMPEDIATE IMPEDIA	DUE TO, OR DUE TO, OR DUE TO, OR (c)	RESPIRA R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO D	NCE OF		MINAL DISEASE OR CON	IDITION GIVEN	IN PART 116	0.
low sermit reprid	CERTIFICATION	19a DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20¢ AUTOPSY? YES ▼ NO□	20b. IF YES, VIN CERTIFY II	WERE FINDIN NG CAUSES	OF DEATH?
SICIAN: og physical certifical riol-troi frem 18	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFEITHER, NOTIFY MEDICAL EXAMI	NER) P.A	m. month da m.	Y YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	JRY IN ITEM 18, PAR	TIORPART?)	
	MED	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK		EET, FACTORY, OFFICE, FA		211. LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
pitol pitol TOR for us of He		220.1 certify that (I) (this has sow the desposed aliver obover (I) (we) (dight (and	on JANU	JARY 259		RY 2 19 83 nd that in (my) (our) opinion	to JANUAF			that (1) (we) lost couses stated
OR he he he boche oche		226. SIGNATURE POU	estre				MEDICAL STA	CIAN	226. DATE	au 83
HOSPI ined b suld be th the S		R. L. PENIS		, MC, USN	R		AL HOSPITAL, CAPITAL REGI			
BP		urial, cremation, remov	23b. DATE 1-29-			EMETERY OR CREMATORY Zer Cemetery	23d LOCATION CHTY OR TOWN Californ:	ia, St.	Mary	s, Md.
DHMH - 16 50M 4/82 (VRA 15, 4)		INERAL DIRECTOR NAME insfield Fune:	cal Home,	Leonardt	own,		TE REC'D. BY REGISTRAR			



*			Description of the last						REG. NO				
m r		CEASED NAME FIRST OR PRINT[MIDDLE LAST		20 DATE OF DEATH			MONTH D	2b. HOUR		
deoth	17		HELEN		MARIE	LA	VCE	J	ANUARY 3	1, 198	3	1:07A	
fer o	3. SE		-	4 RACE		S. DATE O		6. AC	SE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS	
		FEMALE		CAUCAS	IAN	DE	C 26, 1912		70	YRS.			
(IM)	7a. B	RTHPLACE (STATE (OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	VV	9 BA	LTIMORE CITY O	R COUNTY	OF DEATH		
10	Service	NEW YORK		U.S.A		WIDOWE	D DNORCED		MONTGO	MERY		М	
W 1 1 0		TY OR TOWN OF D	EATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS1	G HOME OR OTHER INSTITUTION		120. USUAL OCCUPATION 12b. KIND OF BUSINES				
100		LNEY		MONTGO	OMERY GEN	ERAL	HOSPITAL	SE	CRETARY		VITR	O LAB	
d be in	13a. :	AL RESIDENCE (IF N	136 COUN	ITY	13c. CITY OR TOW	N I	13d. INSIDE CITY LIMIT	S? 13e. S	STREET ADDRESS				
Should be should	_	ARYLAND	MONT	GOMERY	SILVER S	PRING	YES XX NO		3823 PAL	MIRA L	LANE	20906	
pletely and 2 s		THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN		WIDDLE		LAS	T.	
E 0 /6-0	-	RANK			RINE			UN	IKNOWN				
Poges		VAS DECEASED EVI		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT		ADDRE				
s. Po		NO OR UNKNOWN)			579-18	-6133	ALBERT F.	LANC	E SAM	E AS 1		SBAND	
poper poper novol. ent, th		18 CAUSE OF DEATH	ATH (Enter on	ly one couse per	line for (o), (b), on	d (c).)	, ,		0 1		BETWEEN	IMATE INTERVAL ONSET AND DEATH	
on p emo		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Aute Anderice My grandial In here then											
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offe		Conditions, if o		(b)_	Ventricul	c 7	chycardice						
rem remo		gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF											
d by eose ol, c		underlying cause lost. (c) Caroligoulmonn Amait											
en ple burn	z	PART 2 OTHER SI	GNIFICANT	ONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE	TERMINALI	DISEASE OR CON	DITION GIVE	EN IN PART TO	٥.	
een s ior to y inj	CERTIFICATION							100					
Son Son	FIG	19a. DATE OF OPER	RATION	196. COND	DITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY? 20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF			OF DEATH?	
sit p	2	21a. ACCIDENT WAS I	INDERLYING F	1 21b. TIME C	AE INTHIBV		21. HOW IN IURY OC		S NOK	YES		NO 🗌	
\$ 9 £ 10 (4)		OR CONTRIBUTING			M. MONTH DA	YEAR	21c. HOW INJURY OC	CORRED (ENTER NATURE OF INJUI	EY IN HEM 18 PA	ART I OR PART 2]		
1000 # /	MEDICAL	(IF EITHER, NOTIFY M		P. PLACE	M.	19	21f. LOCATION						
d ad o	景				REET, FACTORY, OFFICE, F	ARM, ETC)	STREET		CITY OR TO	WN	COUNTY	STATE	
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0 4 4 W		World 1	<i>U</i> ·	DOIGH	erg		-			CE IVES	4, 114	•	
	22a.1	SURIAL CREMATIO	N. REMOVAL	236 DATE			EMETERY OR CREMATO		CLARENCE	TO -	COUNTY	THE STATE	
	24.5	BURIAL	TO LL	2/7/		LAKEN	CE FILLMORE					IEW YORK	
16 50M 4/82		UNERAL DIRECTOR		CIS J.		un c	0001 F	FFB 3	D. BY REGISTRAR	S KEGISTA	PAR SICAL	will	
VRA 15, 4)	5	JU UNIV.B	LVU., W	., SILVE	R SPRING,	MU. 2	10901					7/	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &
CERTIFICATE OF DEATH



Hines/Rinaldi Funeral Home 11800 N.H.Avel 49 2-31983

- STATE

REGISTRAR

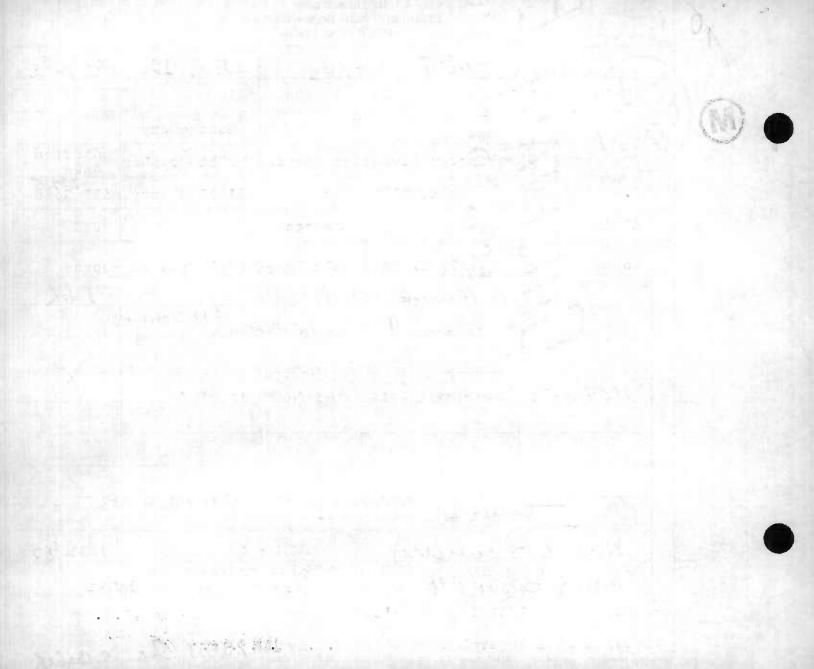
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DHMH - 16 50M 1/81 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

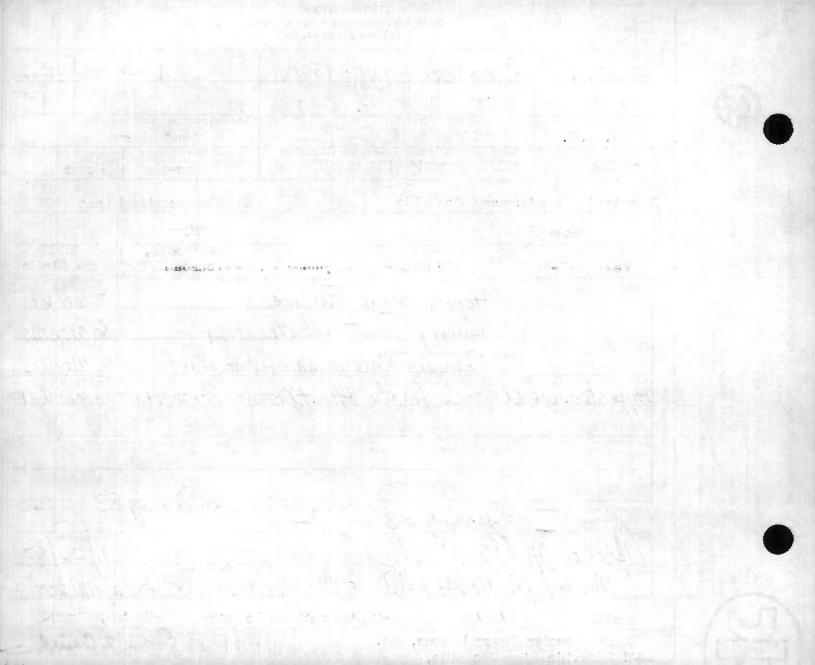
REG. NO.

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



DECEMBENANCE PARTICULAR PAR	3	1.	FOR STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.								
The Brithplace (Sant Option of Month (Sant O	1 31		E OR PRINT))		AW	RENS	ON	2a. DATE OF DEATH		21	00
Wash, D.C. USA MONECO DNORCE	M		Female			MONTH	DAY	1900		7/		OURS MIN.
The continue of the continue o	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7a. B		TTC A MA								MD.
DEGREE The first of the first of the first of the following of the following of the first of th	by the funding and side of the					G HOME C	ROTHER INST	ITUTION	120. USUAL OCCUPATION 126. KIND OF 81			IUSINESS OR
DEGREE The first of the first of the first of the following of the following of the first of th	filled in found be from the filled in found be from the f	USU 13a.	AL RESIDENCE (# NURSING HOME C STATE 136 COU Maryland Mo	ntgomery	GIVE RESIDENCE BEFORE 136 CITY OR TOWN ROCKVILL	ADMISSION)	YES X	NO 🗆	261 Cong	s r e ssion	al Lane	
The learning that (I) (this isospidal) attended the deceased from the decease	MARYLL red within	14. F/	ATHER'S NAME PIRST Unknow	middle n	LAST		15. MOTHER'S	S MAIDEN NAA FIRST	Unk		LAST	
The learning that (I) (this isospidal) attended the deceased from the decease	on and co			RMED FORCES?								
The learning that (I) (this isospidal) attended the deceased from the decease	on popers emayal.		PART I DEATH WAS CAUSED BY									
The learning that (I) (this isospidal) attended the deceased from the decease	PRESTON S The death ce The other ding		Conditions, if ony, which gove rise to immediate (b) 31/1ary / rac/ UDSTruction 6 Months									onthis
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DEGREE The first of the first of the first of the following of the following of the first of th	SEVITAL SAN, The physicion riflicate ha diffrantal p for and the		OK CONTRIBUTING CAUSE OF DE	ATH HOUR A.A	A. MONTH DA		III. HOW IN	JURY OCCURR	100		Sand	NO []
The learning that (I) (this isospidal) attended the deceased from the decease	CVISION C	MEDIC	214. INJURY OCCURRED	21s. PLACE C	OF INJURY		211 LOCATIO	NO.	Citros	TOWN	COUNTY	51478
BP	ATTENDIN spital or CTOR. Al I for use a of Health			23/2		B	d that in Imp	19 Opinion o	to 26	date and fur		
BP Burial CREMATION, REMOVAL 128 And Arlington National Cemetery Arlington, Virginia Arlington National Cemetery Arlington, Virginia 24. Funeral Director Wheeler Funeral Home, Inc.	ITAL OR A by the ho BAL DIRE detroched MT. II herr		Michel M Healix MI) ATTENDING MEDICAL STAFF 1/26/83									
BPBurial 1/28/83 Arlington National Cemeter Arlington, Virginia Arlington National Cemeter Nationa	TO HOSP retained 1 TO FUNE with the 3	No.	Michel	M. H	TALY!	M.	565	2 Shie	US DC E	ethesa	ta, MD	20817
DHMH-16 50M 4/82 24. FUNERAL DIRECTOR Wheeler Funeral Home, Inc. (VRA 15, 4) 129. Dark REC'D. BY REGISTRAR' SO TURB (VRA 15, 4) 129. Dark REC'D. BY REGISTRAR' SO TURB (VRA 15, 4)	BP		Burial	1/28/	83	Arlin		ational (
1 1331 ROUNVILLA PINA ROUNVILLA MANAGORA ANTONO MINAY I FINIS		24. F	UNERAL DIRECTOR Wheele	Funer	al Home,	Inc.	nd 2085	PIA		AR Sh REGISTI	RAR'S SIGNATUR	ich

STATE OF MARYLAND



					E OF MARYLAND					
	1	FOR STATE REGISTRAR	¥ .		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	0211			
		CEASED NAME FIRST	DAVID		AVITT	20. DATE OF DEATH MONTH	OAY YEAR 2b. HOUR			
i i	3. SE		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHOAY)	183, 6:20			
		Male	White	June	-1	67 YRS.	MONTHS DAYS HOURS MIN.			
\$31	70. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	75. CITIZEN OF WHAT	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR COUNT	ntgomery MA			
Otified	10. C	Silver Spring	11. NAME OF HOSPI	1110011	DR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE Medical Doctor	12b. KIND OF BUSINESS OF INDUSTRY Self			
Pust be	13a	AL RESIDENCE (IF NURSING HOME STATE 136. CO Mon	OR OTHER INSTITUTION, GIVE RE UNITY 130. C SI.	SIDENCE BEFORE ADMISSION) ITY OR TOWN LVER Spring	13d. INSIDE CITY LIMITS?	8017 Eastern	0910 Ave.			
50	14. F/	Milo Milo	D. Dodle	Leavitt	15. MOTHER'S MAIDEN NAME HELEN	Louise	Hubner			
medicol		WAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) (IF YES		0-28-6126	Ronald L. Bl.	akely 408 S. Gar	Va. 22204 field St. Arl.			
been signed by the other int. Then please remove prior to buriol, cremotion ony injury, or other frour	ATION						The state of the s			
ny injury, or other tre	ATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRI	CONSEQUENCE OF			ES, WERE FINDINGS USED			
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MIDDLE

DHMH - 16 50M 4/82 (VRA 15, 4)

FOR

REGISTRAR

DECEASED NAME

- STATE

(TYPE OR PRINT)

12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 6303 MAIN STREET 20706 **GERAGHTY** ST DAUGHTER SAME AS 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) STATE COUNTY and that in (my) tour) opinion death accurred on the date and hour and from the causes stated 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE BURIAL MD. FT. LINCOLN CEMETER BRENTWOOD GEO 1/18/83 24 FUNERAL DIRECTOR FRANCIS J. COLLINS 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 500 UNIV. BLVD. W. SILVER SPRING, MD. 20901

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

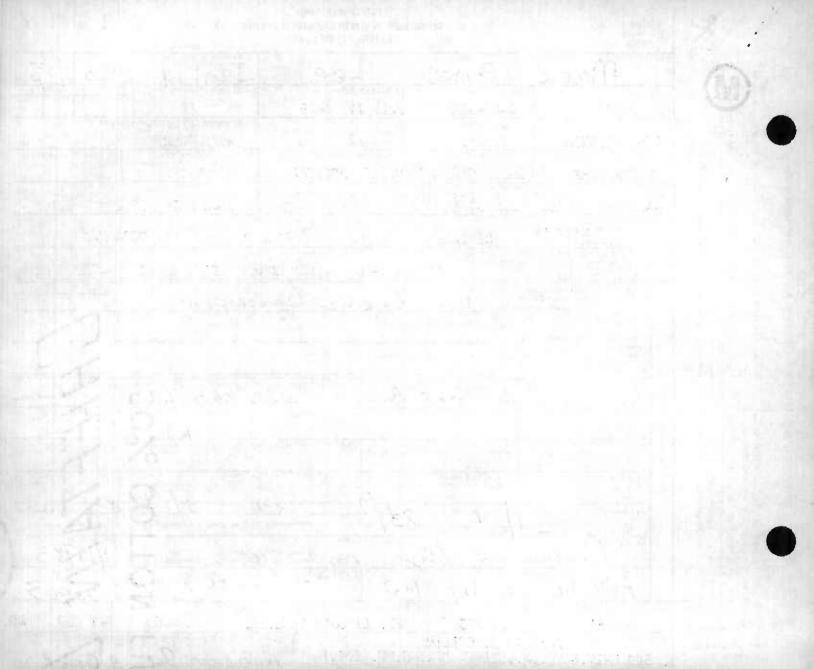
DAY

YEAR

IF UNDER I YEAR

2b. HOUR

2a. DATE OF DEATH

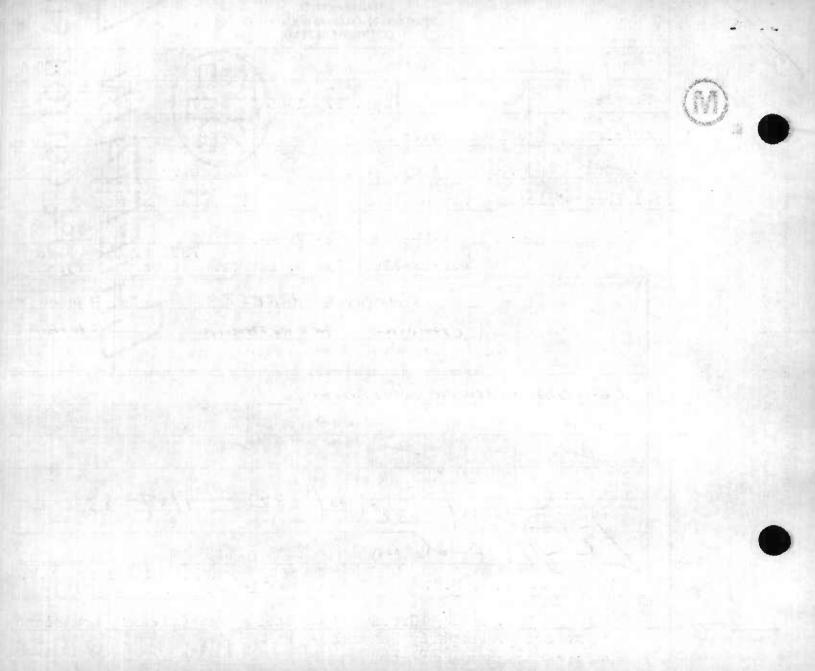


Homes, P.A. Bethesda, Maryland

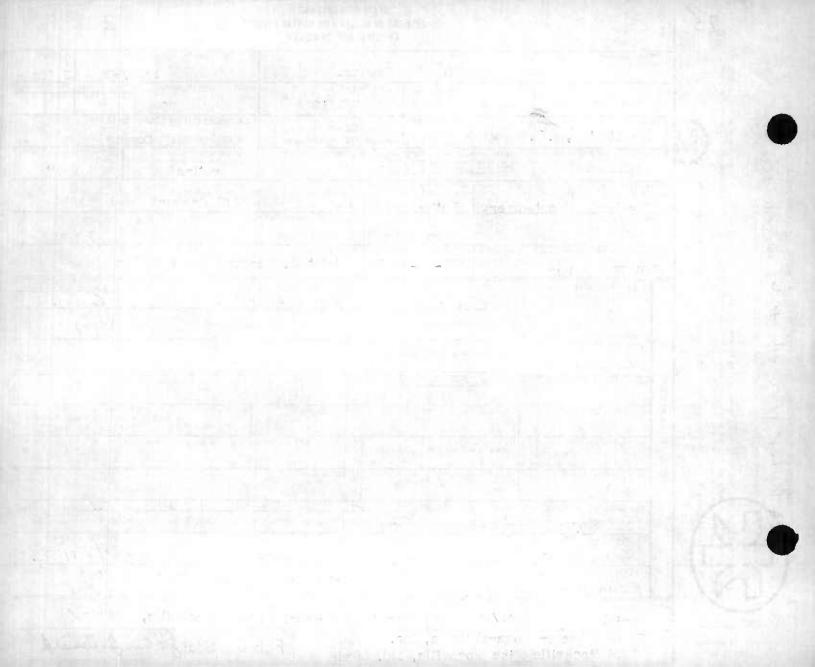
FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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			EASED NAME	FIRST	٨	MIDDLE		AST		20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR			
y be ge 3 deoth		11111	ON PRINT!	Robert	t	М.	Leo	nard			1/2	29/83	2:49p A			
Page 4 may be a director, page 3 hours after death	+7	3 SEX	male	4	race cauc		5. DATE C		YEAR	6. AGE (IN YEARS LAST	70 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS			
± 55	M		RTHPLACE (STATE OR F		CITIZEN OF V	WHAT COUNTR A	MARRIE WIDOWE	DXX NEVER MARI		9. BALTIMORE CIT Montgon	OR COUNT	TY OF DEATH	WE			
rs ofter dea	10		ry or town of DEA Bethesda	NAME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF ALL (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Suburban Hospital			OR OTHER INSTITUTION		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) retired		LIFE) INDUSTRY	126. KIND OF BUSINESS OR INDUSTRY US Gov't				
4 how	35	130 S	Jaryland	Montg	Y	13c. CITY OR TO Bethe	OWN	A-		5101 Dar	bury F	Road 20	814			
ON .	50		THER'S NAME FIRST John		DDLE	Leon			nes	MIDDLE		Re	egan			
be executed on ond or	medico		VAS DECEASED EVER ES NO OR UNKNOWN) VW II		ED FORCES? WAR OR DATES)	.577-40		Violet]	E. Le	onard san	ne as					
podk rificate physicic propers	event, the		PART I. DEATH W	H (Enter only AS CAUSED IMMEDIATE	BY:	line for (o), (b),		of THE	Pros.	TATE		BETWEEN BETWEEN	CONSET AND DEATH			
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by the	other from		gove rise to immo couse (o), statin underlying couse	g the	DUE TO, OF	R AS A CONSE	OUENCE OF									
	18 shows ony injury, or	NO	PART 2 OTHER SIGN	NIFICANT CO	NDITIONS CO	ONTRIBUTING 1	TO DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CO	ONDITION G	IVEN IN PART 1	0			
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ZAGOT		0	00	00	0 0		71g. ACCIDENT WAS UNE OR CONTRIBUTING () (IF EITHER, NOTIFY MEDI	AUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH	DAY YEAR	21c HOW INJUR	Y OCCURRE	D (ENTER NATURE OF	NJURY IN ITEM 18	PART 1 OR PART 2)
7 00 0 0 0 0 0 0	ked or #	MEDICAL	21d. IN JURY OCCUR!	RED	21e PLACE			21f LOCATION		CITY O	r town	COUNTY	STATE			
TTENDIN Ditol or TOR: Aff for use o	Z I is mo		22a. I certify that (1) sow the decease above, (1) (we) (c	(this hospitol	1/20	19	L	nd that in (my) (our	opinion de	eoth occurred on the	2_9 e date and he	, 19, our and from the	that (I) (we) Jose couses stated			
the property of the property o	14 150 7		22b. SIGNATURE	0 42 7	Poso	oner deam	120	DEGREE ATTE	NDING SICIAN PA	MEDICAL S	TAFF SICIAN [1/2	SIGNED			
TO HOSPITAL retained by th TO FUNERAL should be det	MPORTAN		RICHARD	AME TYPE ORF	LEN,	Mo		120 ADDRESS		TICUT /	tre	# 606				
BP	3		URIAL, CREMATION, SPECIFY) Burial		23b DATE 2/2/83	2	Rankla Parkla	EMETERY OR CREA	MATORY	ark Roc		Maryla	nd STATE			
DHMH - 16 50M 4/ (VRA 15, 4)	82	24. Ft	Tyson Whe					20852	FEE	REC'D. BY REGISTR	AR (SI REGI	STRAR'S SIGNA	held			



1		DEPAR			2 1 2 0		
	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 25. HOUR		
2 55					83 9:40P.A		
		WHITE	MONTH DAY YEAR	9.0	MONTHS DAYS HOURS MIN.		
7a. 8	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	V2 1	A BALTIMORE CITY OR COUNTY	Y OF DEATH		
HU	NGARY	HUNGARY	WIDOWED DIVORCED	MONTGOMERY CO	OUNTY MD.		
		11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE HOT Y CROSS HOSE	SING HOME OR OTHER INSTITUTION EET ADDRESS) TTAT	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING MERCHANT (RET	12b. KIND OF BUSINESS OR INDUSTRY Hat Business		
USU 13e.	AL RESIDENCE (IF NURSING HOME CONTATE 136, COL	DR OTHER INSTITUTION, GIVE RESIDENCE BEAUTY	ORE ADMISSION) WN 1134 INSIDE CITY LIMITS?	130. STREET ADDRESS			
_		GOMERY SILVER			1 Rd.,#802 (2090		
III. F	FIRST	MIDDLE LAST	FIRST	MIDDLE .	ZEISLER		
1				ADDRESS			
	YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES		1.17.1	Lean, Va. 22101		
-				L. Lichtmann; 1104			
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	1/3/ IMMEDIA	ATE CAUSE (o)	LINE BILLY COLLEGY ME	4-19en//	1 where		
	7560	DUE TO, OR AS A CONSEC	DUENCE OF				
	Conditions, if ony, which	(b)					
	couse (a), stoting the						
		CONDITIONS CONTRIBUTING T	O DEATH BUT NOT BELATED TO THE TE	BUILD DISEASE OF CONDITION O	OVEN IN PART IV		
Z	PART 2. OTHER SIGNIFICANT	IVEN IN PART HO					
¥	190. DATE OF OPERATION	0 445 447		20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED			
불					IFYING CAUSES OF DEATH?		
	OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. MONTH	DAY YEAR				
20	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION				
ME	WHILE AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFIC		CITY OF TOWN	COUNTY STATE		
			02	110	, 19 <u>53</u> , that (I) (we) lost		
1	sow the deceased alive a above, (1) (mra) (did r	not) view the body ofter death.	ond that in (my) (euc) opinion	on death occurred on the date and ha	our and from the causes stated		
	226. SIGNATURE	Dany Deces	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	220. DATE SIGNED Jan. 25, 198		
1	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	Actorica de la finitalidad dela finitalidad de la finitalidad dela	13011, 23, 130		
	DR. BARRY H	ECHT	3929 Ferra	A Drive; Wheaton, 1	Maryland 20906		
		AL 236. DATE 23	NAME OF CEMETERY OR CREMATOR	Y 23d. LOCATION	COUNTY STATE		
	Burial	Jan. 26, 1983					
	NAME DANZA	NSKY-GOLDBERG M	FMOKTAT CHALFTOLIV	11 -	STRAR'S SIGNATURE		
111	70 Rockville F	ike:Rockville.	Md. 20852 JA	N 2 8 1983 Dag.	2. Carried		
	3. SE M. 70. B M. 70. C SI USU. 160. V MAA MAA MAA MAA MAA MAA MAA MAA MAA M	- STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) 3. SEX MALE 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) HUNGARY 10. CITY OR TOWN OF DEATH SILVER SPRING PUSUAL RESIDENCE (IF NURSING HOME OF 130. STATE MARYLAND MONT 14. FATHER'S NAME FIRST ANTAL 160 WAS DECEASED EVER IN U.S. A (YES, MO OR UNKNOWN) (18 YES, OR PART I. DEATH WAS CAUS 18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS 190. DATE OF OPERATION 190. DATE OF OPERATION 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 210. INJURY OCCURRED WHILE AT WORK 210. INJURY OCCURRED WHILE AT WORK 210. INJURY OCCURRED WHILE AT WORK 210. SIGNATURE 220. I CERTIFY that (I) (Man-hos Sow the deceased dive of obove, (I) (Man-hos) Sow	TABLE REGISTRAR 1. DECEASED NAME (TYPE OF PRINT) 1. DECEASED NAME (TYPE	DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH 1. DECEASED NAME INTER OF DEATH LAJOS LICHTMANN 1. SEX MALE VHITE JULY 8, 1893 76. BIRTHPLACE (STATE OF PORTION HUNGARY HUNGARY	TOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF SEATH CERTIFICATE OF DEATH DECRASED NAME TREST LAJOS LICHTMANN January 24, 19: January 24,		

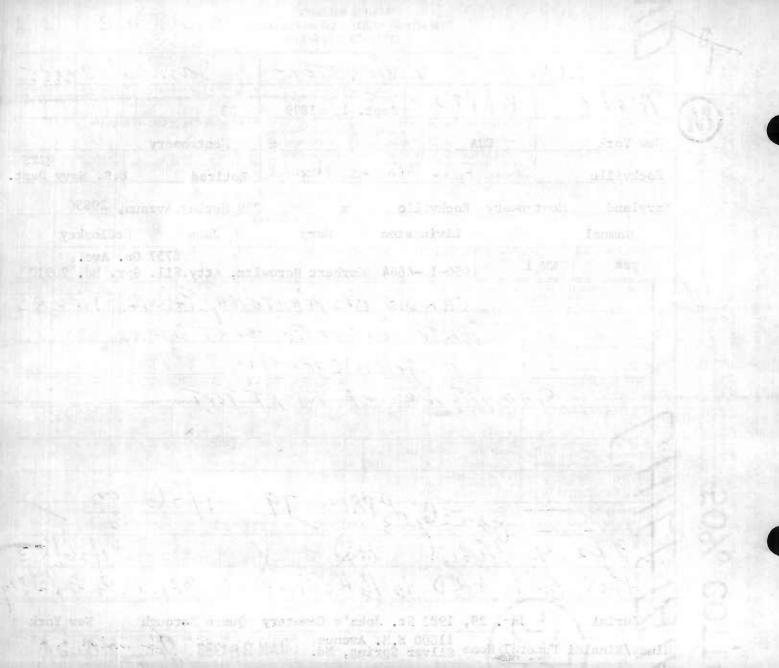
AT THE PERSON AND THE REAL OPERATORS

Charles I for a few

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 2a DATE KNOWN (TYPE OR PRINT) OF ESTI-EGON WOSE S. DATE OF BIRTH 2d. HOUR DATE LAST BIRTHDAY) PRONOUNCED 1983 2 DEAD BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Austria United States DIVORCED 18. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) POTO MAC STUPENT Education USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13d INSIDE CITY, LIMITS? 13e. STREET ADDRESS ONTO MA YES 2 NO MONTGOMER 1000 KIULER WOOD 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST LAST Joseph Lindmayer Clara Boldvai FORM 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT 880T Bellwood Road No 579-84-6098 Knowles Bethesda, Maryland CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DE ATH WAS CAUSED BY AND MENTAL HYGIENE, ATION, OR REMOVAL. GUNSHOT IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF DEPRESSION ACUTE gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c. ED AS A F CERTIFICATION FORWARDED TO THE CHIEF N TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PRIOR TO BURIAL, C USED / 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [210 EXTERNAL CAUSEWAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH UNDERLYING HIS CEN WRITING THE TO T CONTRIBUTING CAUSE OF DEATH SHOT 21e PLACE OF INJURY (AT HOME 211. LOCATION STREET FACTORY FARM FTC 1 STATE COUNTY NOT WHILE AT WORK TOME 11000 RIVERU DOTOMAD AT WORK A WITH THE S EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: 22a. I certify that I took charge of the remains described obave, held an Autopsy Hamicide Undetermined manner AFTER DEATH, BALTIMORE, M. SIGNATURE EXAMINER'S NAME 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Jan.11 Burial COUNTY STATE 1983 Gate of Heaven Silver Spring Robert A. Pumphrey Funeral Homes, 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAP **DHMH-17** (VR AT5 ME (5) Bethesda, Maryland 15M 2/80



(VRA 15, 4)



12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE Self employed Plasterer (ret) 13e STREET ADDRESS 2525 Buck Lodge Road 20783 (unknown) ADDRESS Elturino Loiacono-son-(same as 13e) APPROXIMATE INTERVAL ARCINOMA OF LUNG PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (cor) opinion death occurred on the date and hour and from the causes stated DIRECTOR PHYSICIAN Burial 1-10-1983 Fort Lincoln Prince Georges Brentwood 24 FUNERAL DIRECTOR 11800 N.H. Ave., DHMH - 16 50M 1/81 Hines Rinaldi Funeral Home S.S. Md. 20904 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

FUNDER 24 HRS

IF UNDER 1 YEAR

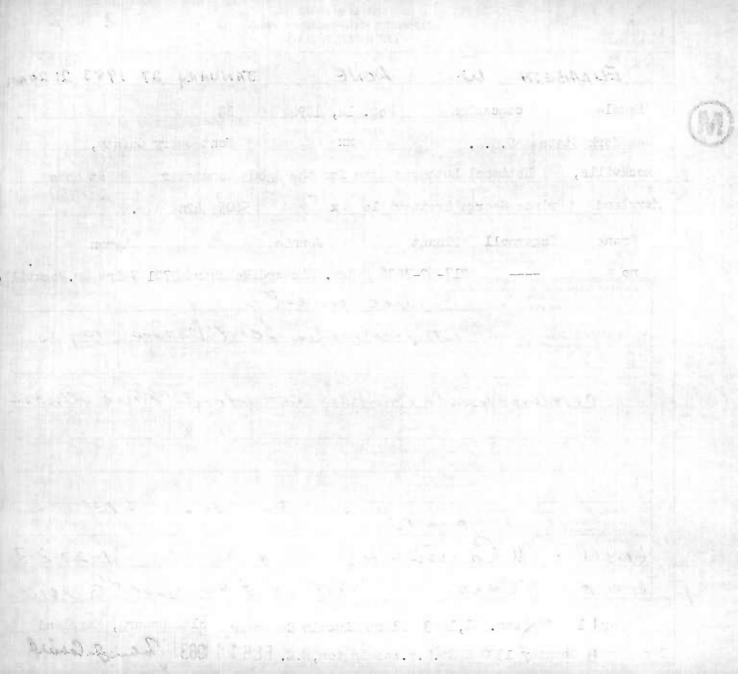
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REGISTRAR

Mines Since to the state of the

The Hysong Company 1300 N St.N.W. Washington, D.C.

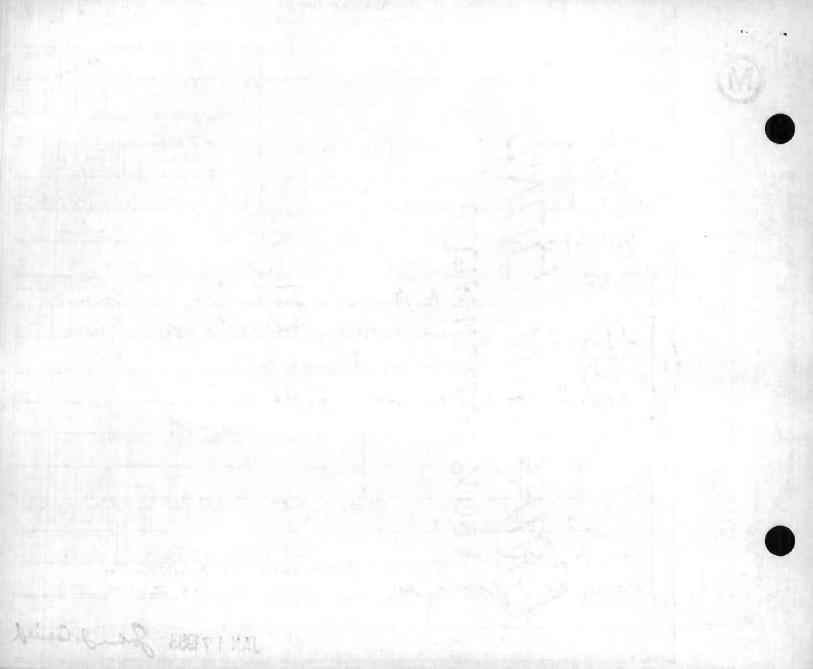
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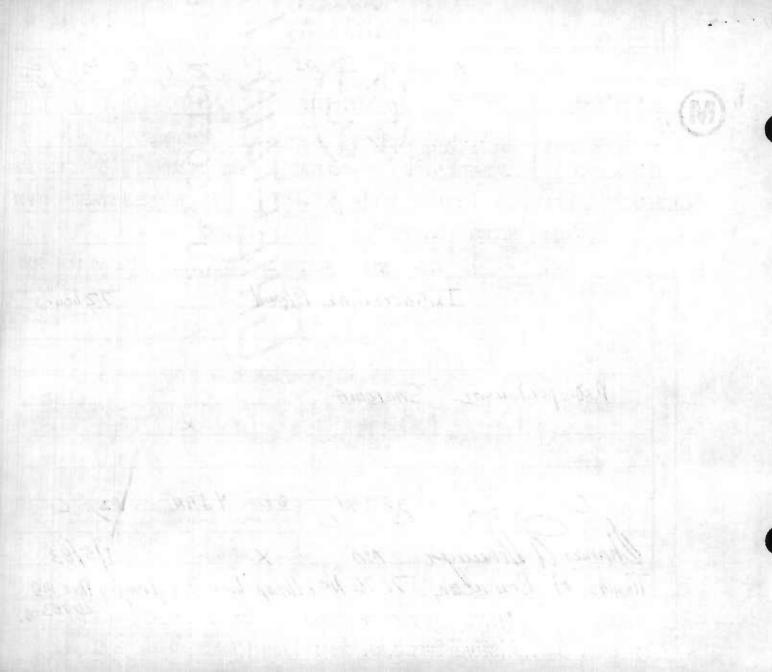


	20		STATE OF MARYLAND	
4	21	FOR - STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3	2 5
		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
Page -	1. (DECEASED NAME FIRST	MIDDLE LAST TO DATE KNOWN OF MONTH	OAY YEAR IN HOUR
(BE)	- (TYPE OR PRINT) Mary	Katherine Long OF ESTI-	21 60 11
1 MR 8 9 9 8		101219	1 2 The TIME COND VEY	VD1,1963 971 M
THE STATE OF THE S	3. 8	4. RACE	5. DATE OF BIRTH L MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	OAV YEAR WOUR
2,484.X		- W	Maks 12 7 yrs. DEAD Van	30 1983 6 M
CESSARY, VERAL DIR VITHIN 72 PRESTON	7a	BIRTHPLACE (STATE OR	78 CITIZEN OF WHAT COUNTRY?	TY OF DEATH
	00	Virginia	USA WIDOWED &XX DIVORCED Montos	mer & wo
21201 F ANY DELAY IS N AND 3 TO THE RU REFOUND PRICE RECORDS, 201 W.	(10.	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK)	VASHIO HOE DESS
PERES S	691	Alask	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Ret. cashier	OK HADDINERY T
S. S	Tis	UAL RESIDENCE (IF IN YURSING HOME		Center
D. 21201 IF ANY E AND 3 SHOULD LRECORI	2130	STATE 13b. COUN	NTY 136. STREET ADDRESS	
21201 ANY AND S RETAI HOULE			ont Rockville YEST NO 18839 13 240	DV. 20853
4 0 7 0 F	14	FATHER'S NAME	MIGDLE 15 MOTHER'S MAIDEN NAME	LAST
	5/	James	McDonough Margaret McDonough	Kelly
0 - 2 2 - 0	160	WAS DECEASED EVER IN U.S. AR		Faith Lane
₹ ### SXS		(YES, NO, OR LINKNOWN) (IF YES, GIVE		
BALTIMORE. IRS AFTER DEA WITH PARKES I AN DIVISION OF		N/A	N/A 215-36-3615 Mary L. Troiano-daughter-Dama	
		18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	nly one cause per line far (a) (b), ond (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST., ITHIN 24 HOUR CIL IN ITEM 18, VER ALONG AL HYGIENE, D	7		TECAUSE (0) AcuteMy OCZVL 2 6/10.	
STO STO	8	14241	DUE TO, OR AS A CONSEQUENCE OF	
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L RECORDS, 201 W. PRESTON ULD BE EXECUTED WITHIN 24.1 "PENDING" IN PENCIL IN ITEL F. MENDICAL EXAMINER ALON F. DAS A BURRAL TRANISIT PER HEALTH AND MENIAL HYGIE	ż	lying couse lost.	BULL TO, OK AS A CONSESSENCE OF	
DS, 2011 XECUTED JG" IN PR AL EXAM BURIAL -	흔		(c)	
OF VITAL RECORDS, ATE SHOULD BE EXEC E WORD "PENDING" THE CHEE MEDICAL ID BE USED AS A BUIL ID BUILD BUIL	¥ .		CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a	
ECO BE END WED WED AS.	8 _ 2	100	ne	
DIVISION OF VITAL RE CERTIFICATE SHOULD RITING THE WORD "PEI POED TO THE CHIEF M E.3 SHOULD BE USED A E DEPARTMENT OF HEA	TO BURIAL, CREA	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
SHOUL SHOUL ORD "F CHIEF E USED	À 4	11/0	he	YES NO NO
OF V ATE S FE W THE O	000	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN FEM 18 PART 1 OR PA	
	_ 3 _	UNDERLYING OR	HOUR A.M. MONTH DAY YEAR	
DIVISION S CERTIFIC RITING TH RDED TO SE 3 SHOU	21201 PRIOR I	CONTRIBUTING CAUSE OF	DEATH P.M. 19 21e PLACE OF INJURY (ATHOME. 21f LOCATION	
VI CENTRAL	9 1	WHILE NOT WHILE		OUNTY STATE
A A A A E	2	WHILE NOT WHILE [
DEVISIC DEVISIC SATE, WRITING CORVARDED IT OR: PAGE 3 SH HE STATE DEPA	0,2	276 I certify that I taok char	ge of the remains described obove, held an Autopsy 🔲, Inspection 🗷. Inquiry 🔲, and in my a	DIDIOD
Z O Z D E	Z Z			pillon
AAA STIF	RYL	death resulted from: Natu		
X B B B B W	§	ACTUAL	O TITLE (SPECIFY)	1 3110 As
YESEY.	W)	SIGNATURE	MEDICAL EXAMINER SIGNI	Jan 361983
NE S P S S P S S P S P S P S P S P S P S	08	EXAMINER'S NAME JO	ohn S. Rogers, DME	
E E E		(TYPE OR PRINT)	ADDRESS 1905 Seminary Road, S.S.	Md.
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST	g 23c	BURIAL, CREMATION, REMOVAL	236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	NTY STATE
BP		Burial	2-2-1983 Gate of Heaven Cemetery Silver Spring Mo	
		FUNERAL DIRECTOR	OF BATE BEGIN BY BEGINDING	SIGNATURE
DHMH - 17		NAME	ADDRESS TIOUU N.A. AVE., J. H. 1 1983	while
(VR A15 ME (211	Hines/Rinaldi F	uneral Home S.S. Md. 20904	

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10		FOR 1 - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 3 D	2 1	2.
		1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
3	9 0 4	ROBER	FRANCIS MADDEN		JANUARY 9 1983		9:20
9	2 2	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24
4 45	(MA)	MALE	CAUCASIAN	SEPTEMBER 30 1915	67 yrs.	MONTHS DATS	HOUR5
8	San .	JG BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OFDEATH	
feorth		CALIFORNIA	UNITED STATES	WIDOWED DIVORCED	MONTGOMERY		
	3	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND O	F BUSINES
201 urs of	led #	BETHESDA	NAVAL HOSPITA		RETIRED		NAVY
212	E o Vo	USUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	1	22120	

MALE CAUCASIAN SEPTEMBER 30 1915 67 YRS. AMBRITHPLACE (STATE OR FOREION COUNTRY) CALIFORNIA VINITED STATES WIDOWED DMORCED MONTGOMERY OUTTOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IPOWER FOR MONTGOMERY INDUSTRY NAVAL HOSPITAL INSTITUTION INDUSTRY U.S.N. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION NOW RESTORED FOR HOME OR OTHER INSTITUTION INDUSTRY U.S.N. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION NOW RESTORED FOR ADMISSION) INDUSTRY U.S.N. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION NOW RESTORED FOR ADMISSION) INDUSTRY U.S.N. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF RESIDENCE REFORE ADMISSION) INDUSTRY U.S.N. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION NOW RESTORED FOR ADMISSION) INDUSTRY U.S.N. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION NOW RESTORED FOR ADMISSION) INDUSTRY U.S.N. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF RESIDENCE REFORE ADMISSION) INDUSTRY U.S.N. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF RESIDENCE REFORE ADMISSION) INDUSTRY U.S.N. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION INDUSTRY U.S.N. INDUSTRY U.S.N. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION INDUSTRY U.S.N. INDUSTRY U.S.N. INDUSTRY U.S.N. INDUSTRY U.S.N. INDUSTRY U.S.N. INDUSTRY U.S.N. INDUSTRY U.S.N. INDUSTRY U.S.N. INDUST	Е.,
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NO	
4 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDING.	
YES X NO YES X	DF DEATH?
210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
TO COMPANY THE CONTRACT OF STATE OF STA	
216. INJURY OCCURRED 216. PLACE OF INJURY 211. LOCATION	
WHILE NOT WHILE AT WORK AT WORK AT WORK	
MOVEMPED 26 82 TANUADY 9 82	STATE
saw the deceased alive an JANUARY 9 19 83 , and that in (my) (aur) apinian death accurred an the date and haur and from the car above, (1) we) (did) (did not) view; the body after death.	STATE
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above, () five) (did) (did not) view, the bady after death. 22b. SIGNATURE DEGREE 22c DATE SIGNATURE	nat (I) (we) last auses stated
abave, (V (we) (did) (did nat) view the bady after death.	nat (I) (we) last auses stated

231 NAME OF CEMETERY OR CREMATORY

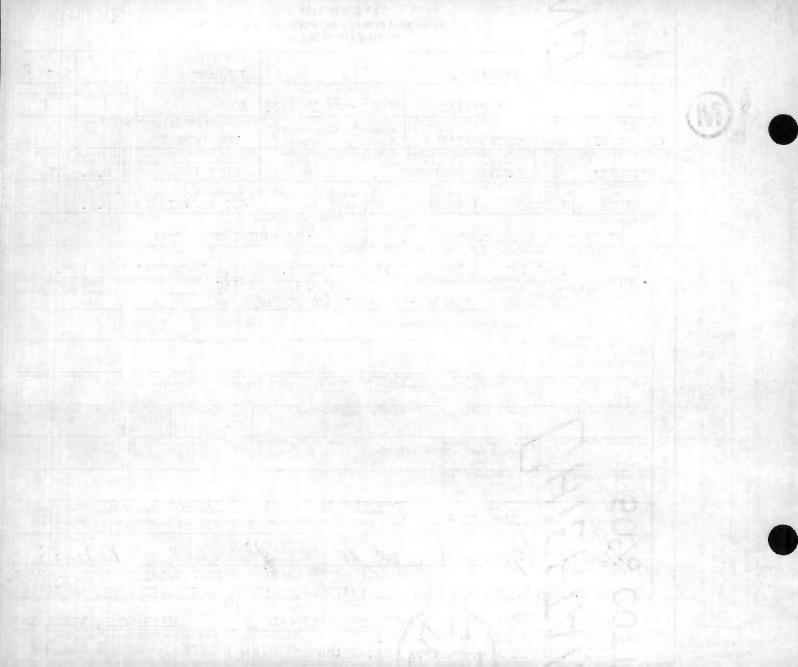
should be detached for use MPORTANT: IF DHMH - 16 50M 4/B2 (VRA 15, 4)

BURIAL 12,198 ARLINGTON NATIONAL JAN. MONEY & KING FUNERAL HOME 171 W. MAPLE AVE., VIENNA, VA. 22180

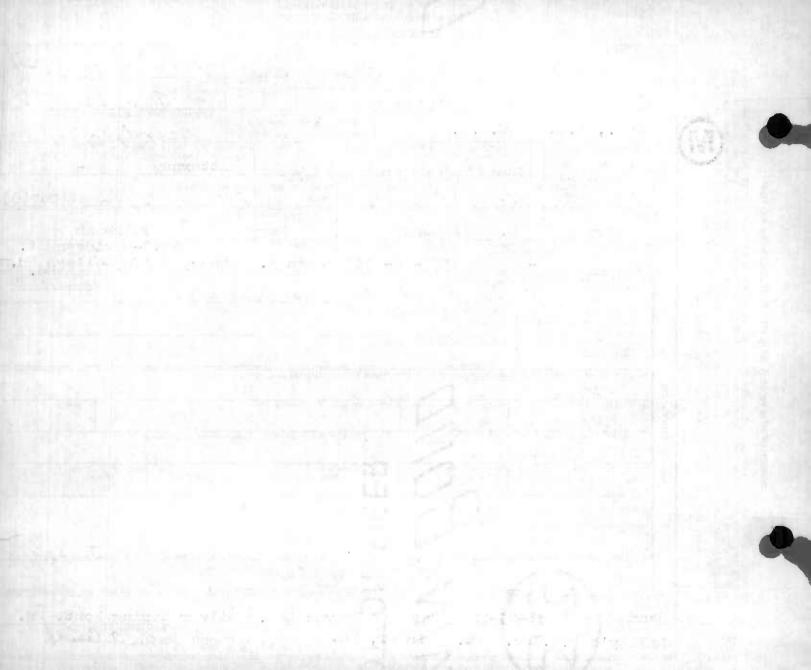
230. BURIAL, CREMATION, REMOVAL (SPECIFY)

ARLINGTON,

23d LOCATION CITY OF TOWN



2 A	1	FOR		DEPARTMENT OF HEALT	H AND MENTAL H	YGIENE!	0 2 1 3 0
00	1.	STATE REGISTRAR	ME	DICAL EXAMINER'S	CERTIFICATE O	F DEATH REG. N	40.
FIS NECESSARY, PLEASE HE UNNERN, DIRECTOR, OSE & LOR YOUR PLES. CHINA THESE CHINA THE CHINA CH	7n. (RETHIRLAGE DIAME PER THE PER T	DATE OF BIRTH ONTH DAY CITIZEN OF W U.S. A	HEAR 6 ASE IN YEARS IF U LAST BRITHDAY AND WAS HAT COUNTRY? 8. MAR	UNDER 1 YR. IF UNDER NITHS DAYS HOURS RRIED NEVER MARRIE UNDER DIVORCE	20. DATE KNOWN OF ESTI-DEATH MATED (24 HRS. 2c. DATE PRONOUNCED DEAD 9. BALTIMORE CITY	MONTH DAY YEAR 26, HOUR Jan 22 19 53 216 NOUR MONTH DAY YEAR 2d NOUR 22 19 83 216 M OR COUNTY OF DEATH The state of t
DRE, MD. 21201 CEATH, IF ANY DELAY GES. I., 2, AND 3 TOT M. PM. 3. RETAIN PA AND 2.SHOULD BE OF MALESCONDS.	JH.	ATHERS NAME Henry	Cecry	Mahoney	YES- NO 15. MOTHER'S MAIDE FIRST Mary	Attorney 13e STREET ADDRESS 93/3 N NAME MIDDLE MIDDLE	Fairbank
TIMO TEST PAR ON CON		WAS DECEASED EVER IN U.S. ARMED 151, NO. ORUMENOWN) UF YEL QWE WARD		166. SOCIAL SECURITY NO.	17. INFORMANT	/	Davidson St.
BALTIN IRS AFFE S GIVE F WITH R PAGE DIVISIO		No -		577-56-3357	Joan M.	Mahoney (Wi	fe)College Pk,
ECORDS, 201 W. PRESTONS BE EXECUTED WITHIN 24 H WEDICAL EXAMINER ALONG AS A BURIAL - TRANSIT PER ALTH AND MENTAL HYGEN CREMATION, OR REMOVAL		PART I DEATH WAS CAUSED BY: IMMEDIATE Commendations, if only, which gave rise to immediate cause (a) stating the under-lying cause lost.	AUSE (o) (DUE TO, OR (b) DUE TO, OR (c)	R AS A CONSEQUENCE OF	ysesodi	al Dis	
EXECTIONS, ING. ING. ING. ING. ING. ING. ING. ING.	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTI	IBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEA	ASE OR CONDITION GIVEN IN PAR	RT 1 (a).	
DF VITAL R EWORD "PI D BE USED MENT OF HE	AL CERTIFICATION	190 DATE OF OPERATION 210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME O HOUR A.M	M. MONTH DAY YEAR		D LENTER NATURE OF INJURY IN ITEM I	20 AUTOPSY? YES NO DE
BIVISION OF THIS CERTIFICATION OF THIS CERTIFICATION OF THIS CENTRAL OF THE CENTRAL OF THIS CE	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE		OCATION STREET	CITY OR TOWN	COUNTY STATE
MEDICAL EXAMINE COUTE THE CERTIFICA SE 4 SHOULD BE FO FUNERAL DIRECTOR FER DEATH, WITH THE	2	226 certify that I taak charge of death resulted from: Natural co	10	Accident , Suicide	Depty , Inspection , Homicide TITLE (SPECIFY) M.D. Depty ADDRESS.	Inquiry, o Undetermined manner	DATE SIGNE 22/983
PAC EXE	23a.	URIAL, CREMATION, REMOVAL 23b D	ATE	23c. NAME OF CEMETERY		23d LOCATION CITY OR TOWN	COUNTY STATE
BP		Burial 1-	25-83	Gate of He		Silver Spr	
DHMH - 17 (VR A)5 ME (5))		alley's F.H.Inc	e. Me	Rainier, Me	d. ZSO DATER	rec'd. By registrar of rec	- Laboret



940 BENDER BLDG. 1120 CONN. AVE., N.W. WASH., D.C. 1

FOR

- STATE

DHMH - 16 50M 4/B2 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

IF UNDER I YEAR

INDUSTRY U.S.

LAST

IF UNDER 24 HRS

GOVT.

2090

20855

NO [

STATE

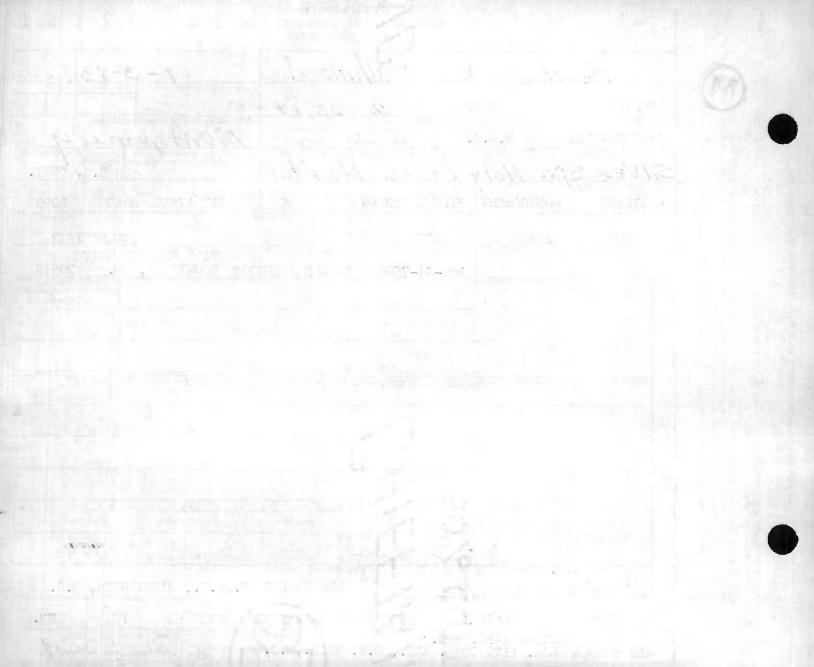
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

2 000

6015

COUNTY

22c. DATE SIGNED



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIE

		FOR STATE REGISTRAR		CERTIF	ICATE OF DEA		REG. N	O.	DAY	2 1	5 2	
		CEASED NAME FIRST	AME FIRST MIDDLE LAST 20. DA							YEAR	2b. HOUR	
4		Est	her		Mapes			1	4	83	1:50AM	
9	3. SE>	X	4. RACE	S. DATE C		YEAR	6. AGE (IN YEARS LAST BIR	THDAY)	MONTH	DER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	
		Female	White	3		03	79	YRS				
1	7a. BII	RTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8.	D NEVER MA	PRIED []	9. BALTIMORE CITY O	R COUN	TYOF	DEATH		
×		Ohio	U.S.	WIDOWE	-	RCED	Montgomer	y		200	MD	
9		ITY OR TOWN OF DEATH) L ney	Montgomery Gene	- 111		UTION	120 USUAL OCCUPATION OF COMMON TO Teacher			26. KIND O NDUSTRY	OF BUSINESS OR	
5		AL RESIDENCE (IF NURSING HOME OR STATE 136. COUN	SOTHER INSTITUTION, GIVE RESIDENCE BEFORM 134. CITY OR TOY SILver	WN		10 🗆	13e STREET ADDRESS 3398 Glene	agle	s Dr	cive	20906	
5	14. FA	ATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S M		WE			1AS	л	
		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SEC	URITY NO.	17. INFORMANT		ADDRE	SS	1.24			
		Jnkn.	171-16-	2302A	U. D. D							
		18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b), a	nd (c).)		, .				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (0) Res A	iret	ory Fa	1/01	e			40	weeks	
		4310	DUE TO, OR AS A CONSEQU				tracrani cular hem			5	6 day	
		Conditions, if ony, which gove rise to immediate couse (0), stating the underlying cause last.	DUE TO, OR AS A CONSEQU		114720	<i>C114 F1</i>	20131 114.11				- 0	
i	N	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO	O THE TERM	INAL DISEASE OR CON	DITION	GIVEN I	N PART 16	o	
7	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORM	AED	200 AUTOPSY?	IN CER		CAUSES	NGS USED OF DEATH?	
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJU	RY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 3	8 PART 1	OR PART 2)		
1	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.)	211. LOCATION STREET		CITY OR TO	WИ		COUNTY	STATE	
		sow the deceased alive an	ital) attended the deceased from 7 50 19 19 19			19 <u></u> 중조) opinion (death occurred on the d		_, 19_	from the	that (I) (see) lost causes stated	
		226. SIGNATURE Sustav	s Belowy			ENDING YSICIAN	MEDICAL STA			22c. DATE	SIGNED 4/83	
1		224 PHYSICIAN'S NAME ITYPE	DR PRINT)		22e ADDRESS	Leis			wel	1501	Center	

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is marked at Item 18 shows any injury, at other traumatic event, the TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept. at Health and Mental Hygiene prior to burial, cremation, or remaval.

Anatomy Board

230. BURIAL, CREMATION, REMOVAL

24. FUNERAL DIRECTOR

Removal

ADDRESS

23b. DATE 1/5/82

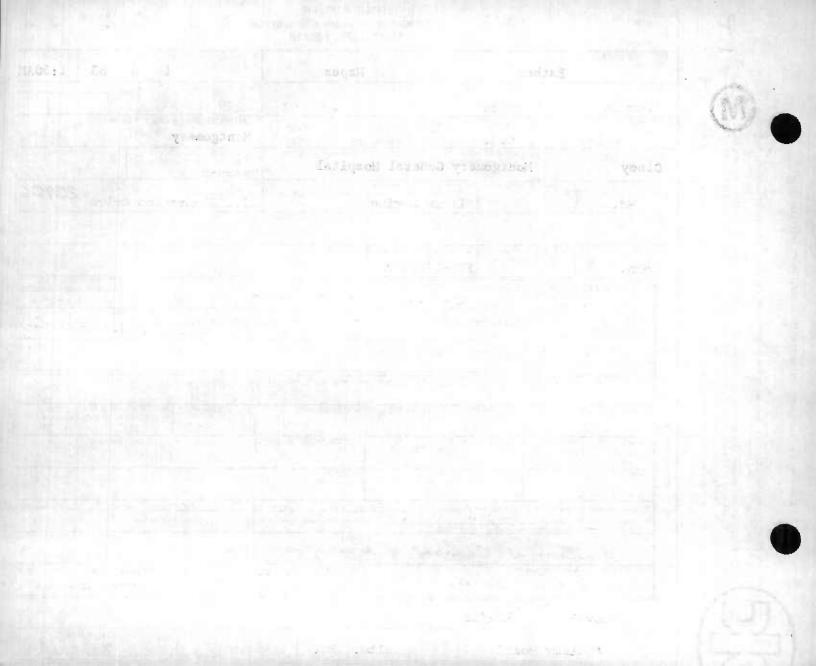
Balto., Md.

231. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE



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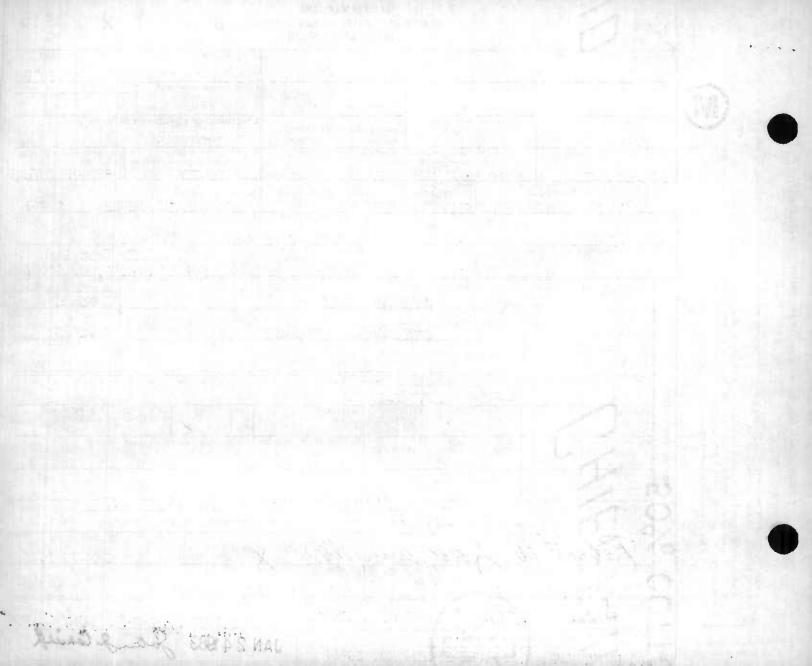
(VRA 15, 4)

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		1 -	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HY	GIENE 3 3	0 2	10.
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or or or see of	E		220.1 certify that (1)	(this hospit	ol) ottended tl	he deceased from,		, 19	, to		, that (f) (we)
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or to	ğ										
s an)	CERTIFICATION	190 DATE OF OPERATION	19b CC	NDITION FOR WHIC	H OPERATION WA	S PERFORMED	20e AUTO		ES, WERE FIND IFYING CAUSE		
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OT 8	10.0	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	LICHE	A.M. MONTH	DAY YEAR	HOW INJURY OCCUR	RED (ENTERNAT	URE OF INJURY IN ITEM TO	PART T OR PART 2)		
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21		sow the deceased aliv above, (1) (we) (did) (di	on JAV	ody after death.	83, and the	it in (my) (our) opinion	death occurred	on the date and he	our and from the	e couses stated	
ltem		226. SIGNATURE	1-11	/ .]	DEGR	1110			22c. DAT	E SIGNED	
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with the		ROBERT W	LANGEVII	1		SILVER SPRI	ING. MAT	RYLAND			
€ 3 ₹	23o	BURIAL, CREMATION, REMO			NAME OF CEMET	ERY OR CREMATORY	23d LOCA	TION			
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PITAL OR by the h, by the h, leral DIR and DIR State Department. State Department.	1	James	Ko	blen	can the			MEDICAL DIRECTOR PHY		22c. DATE SI	83
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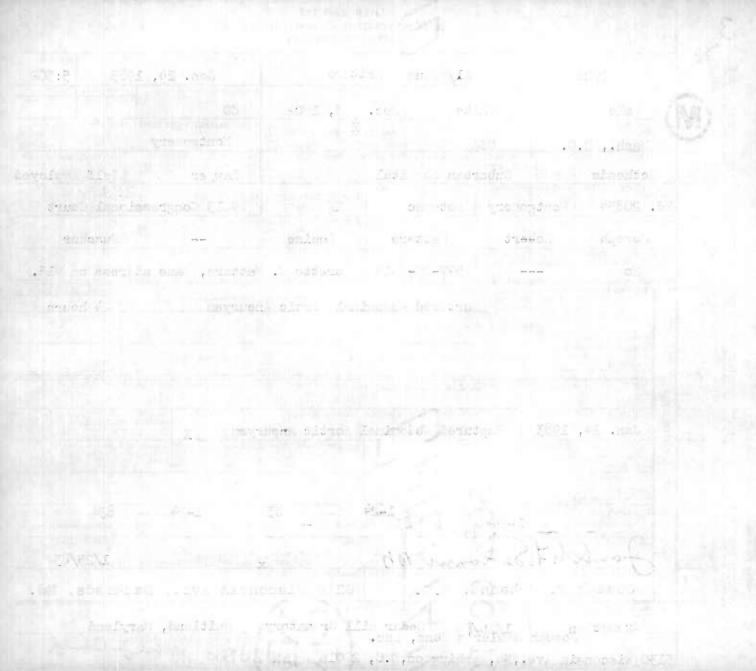
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(VRA 15, 4)

STATE OF MARYLAND

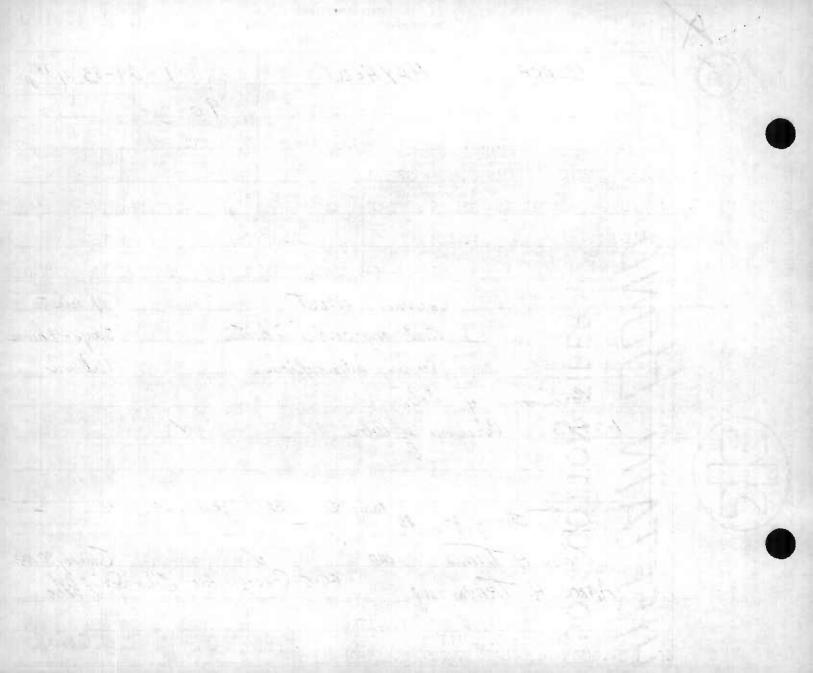
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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OR A	e has DIREC sched Dept.			SIGNATURE	1/1	00)		DEGREE				DATE SIGNED					
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0	D 0 = 0			Joseph					8218 Wisc			Rethes	da, Md.					
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	H - 16 50M 4/E (VRA 15, 4)	32		NAME			ACOF	RESS		2.8198	3 000	mot la	anuly					



500 UNIV.BLVD., W., SILVER SPRING, MD. 20901

STATE OF MARYLAND



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ZHONE W		SIGNATURE	1100	V	X	1	M.D. Ass	istant	MEDICA	AL EXAMINER	SIC	NED_1	-4-83	3
A PONT		EXAMINER'S NA	ME Ann	M. Dixon	M.D.		ADDRESS_	111	Penn	St., B	alto.	. Md.	2120)1
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	23o.B	URIAL, CREMATIO				AE OF CEMETER			23d. LOCA			CULTY		ATE
BA515		Burial		7. 1983	Hil:	lside C	emetery		Tive	rton, R	hode	Islan		A.
DHMH - 17	24 F	UNERAL DIRECTO	Robert	A. Pump					REC'D. BY RE	GISTRAR	REGISTRAR			1
(VR A15 ME (5))		Р.	A. Bet	thesda, M	aryland	1		JAN	16 K	383				,

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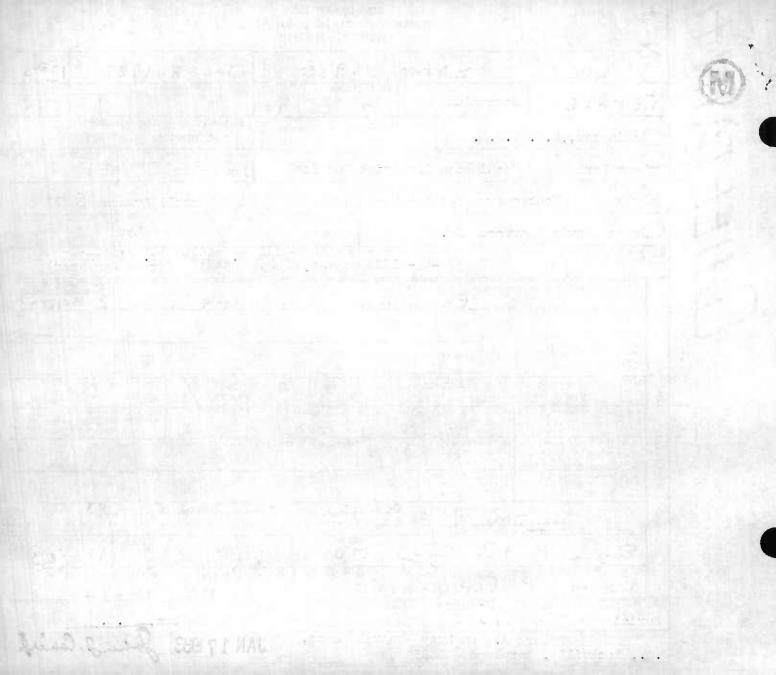
.A., Rockville, Maryland

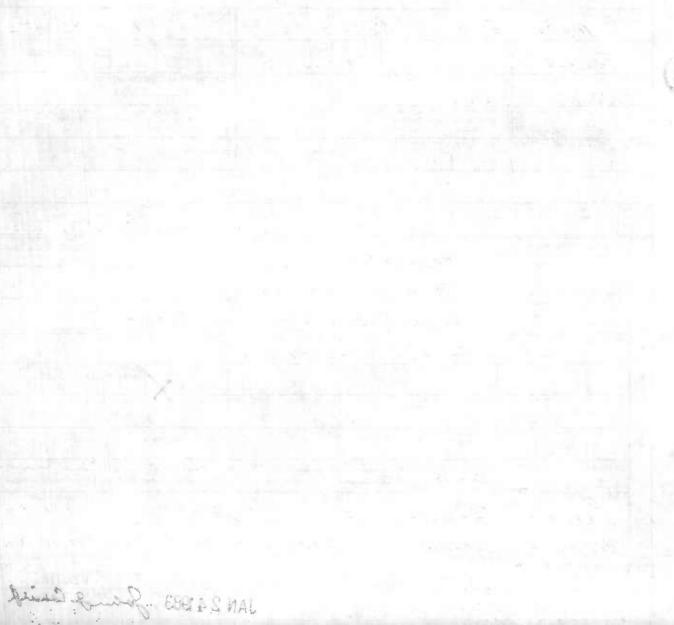
FOR - STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



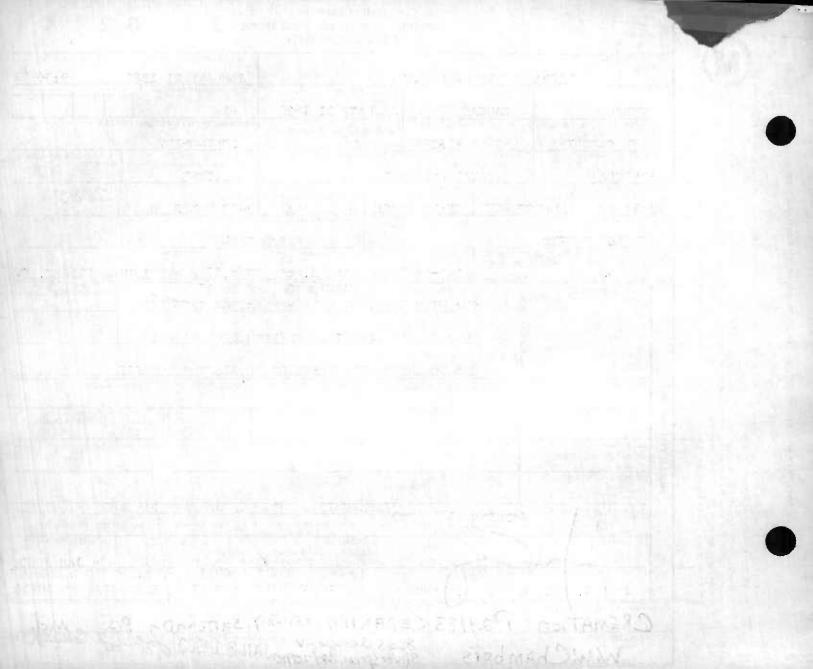


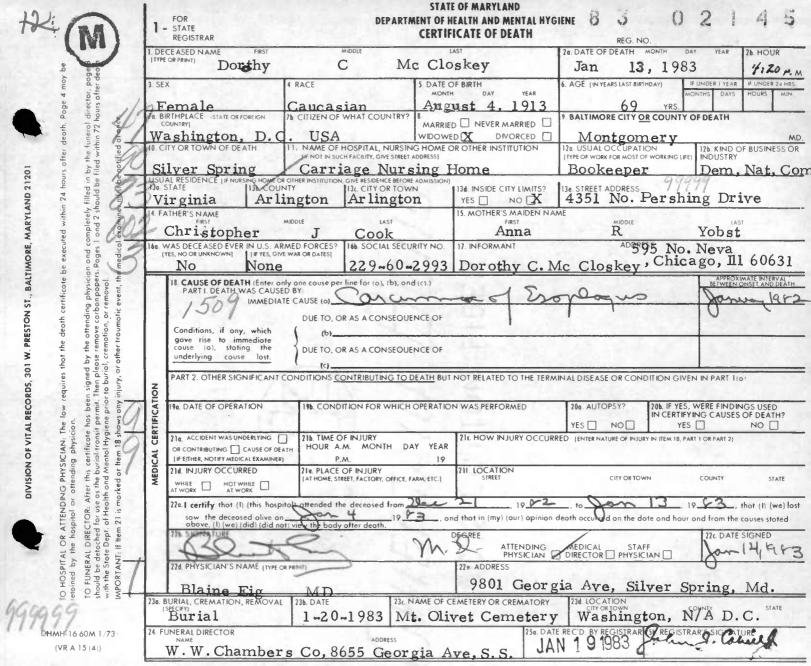
	(RA)		DECEASED NAME	FIRST	WEIT I	MIDDLE	ı	AST		20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
9		(3	YPE OR PRINT)	T.ATIRA	STUTTS	MCCHESNE	Y			JANUARY 21 1	983	9:30 a
200	0.5	3. 5	SEX	I	4. RACE	HOOHEDINE	5. DATE C			& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YE.	AR IF UNDER 24 HRS
4	s off		FEMALE		CAUC	ASIAN	TANII	ARY 31	1920	62 y	RS.	YS HOURS MIN.
900	Four four	70.	BIRTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8			9 BALTIMORE CITY OR COU		
45	n 72 n 72 n on	0 1	NORTH CAROL	TNA	UNTTE	D STATES	WIDOWE	_	NARRIED -	MONTGOMERY		MD
	with:		CITY OR TOWN OF DEA		11. NAME OF	HOSPITAL, NURSIN	IG HOME C	- de-Bark	STITUTION	12a USUAL OCCUPATION		O OF BUSINESS OR
5	Filed #	1	BETHESDA	500		VAL HOSPI				RETIRED	ING LIFE) [INDUST	CI .
ed within 24 hours	d in	130	UAL RESIDENCE (IF NURS	136 COUN		131. CITY OR TOW		13d INSIDE	CITY LIMITS?	13e. STREET ADDRESS	21	0815
24	fille Sould	Service Control	MARYLAND	1	GOME RY	CHEVY C		YES 🗌	ио Х	3418 MANOR RO.	AD	7015
A H	d 2 st	11.	FATHER'S NAME		AIDDLE	LAST		15. MOTHER	R'S MAIDEN NAM	AE MIDDLE		LAST
£ 5	on o	4	GEORGE ST			A	17			FARLOW	No.	
ote be executed and other transfer of the tran	Poges 1	160	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORM	ANT	ADDRESS	1344	
9	S. Po		NO			242-26-	3868	EARL	E.McCHES	SNEY, 3708 HUNT		
90	ysicio opera val. t, th		18. CAUSE OF DEAT PART I. DEATH W	H (Enter onl	y one couse pe	r line for 101, (b), an	diciii		NGTON, I			EN ONSET AND DEATH
: =	ema even		PARTI. DEATH W	MMEDIATI	E CAUSE (o)	CVA WITH	TEMPO	RAL LO	BE HERN	ATION SECONDA	RY	
5 4	corb corb , or r		1436	0	DUE TO, C	R AS A CONSEQUE	NCE OF					
he death cert	atte lave ofian roun		Conditions, if ony,		(b)	TO PROBAB	LE EM	BOLIZA	TION FRO	OM LEFT CAROTI	D	
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though the	d by leose iol. c		underlying couse	lost.	(c)_	DUE TO TH	ROMBO	SED CO	MPLICATI	ED ATHEROSCLERO	OSIS	
y .	signe sen p bur uny.	z		VIFICANT C	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	NAL DISEASE OR CONDITION	GIVEN IN PART	1(0)
9	int. The	- 1 8	190 DATE OF OPERA	TION	TIPL COND	ITION FOR WHICH	OPERATIO	N WAS PERF	OPMED	20a AUTOPSY? 20b. II	F YES, WERE FINI	DINGS LISED
G PHYSICIAN: The low requires that t	n. nos b ne pr ws at	CERTIFICATION	150 DATE OF OFERS	11074	170. COND	MONTOR WITEL	OFERATIO	IN WASTERI	OKIMED		ERTIFYING CAUS	SES OF DEATH?
£	sicio one la one		21a, ACCIDENT WAS UNI	DERLYING []	21b. TIME C			21c. HOW	INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEA		NO []
N N	phy phy col-tro					.M. MONTH D						
ty S K	ding buric Men or He	MEDICAL	21d. INJURY OCCUR		21e. PLACE	.M. OF INJURY	19	21f LOCAT				
6	er th the ond ked	×	WHILE NOT WH	HILE [(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC)	STRE	€1	CITY OR TOWN	COUNTY	STATE
Z	or or see os		220.1 certify that (ol, ottended ti	deceased from_	JANU	ARY 13	19 83	JANUARY 2	1 19 83	_, that (1) (we) last
EN	TOR TOR TO He		sow the decea above, (I) (we) (s	FIG COLLAB COL.		19	83_, 01	nd that in (m	y) (our) opinion o	leath occurred on the date and	d hour and from t	
	REC hed the ept.		22b. SIGNATURE	di Jaia Por	VIEW INCOME	orter doorn.		DEGREE		1	22c. DA	TE SIGNED
0	the Dot to Do to D			1	1	_/.			ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7 2/1	JAN 1983
SPIT	LERA VERA be de e Stor		22d. PHYSIC AND N	ANE ITTE OF	PRINT	1		22e ADDRE		HOSPITAL, NAV		
Ö	etained by TO FUNERA should be de with the Stat		JOEL W.	RAY,	LCDR,	MC, USNR		NATIO		TAL REGION, B		
5	of Share with To	230	BURIAL, CREMATION,		736. DATE	23c. h		EMETERY OF	CREMATORY	23d. LOCATION		- 1
	BP		CREMAT	Tion	1/2	4/83 CI	EDAR	(Hill)	CREMATOR	SUTTANDO	PG	a Md
DHA	NH - 16 50M 4/B2	24	FUNERAL DIRECTOR	4		ADDRESS	6550	3. ecroic	AV 250 DATE	AN 3 1 1983	GOTRAR'S SON	bounds
	(VRA 15, 4)		WW	Chi	ambe	rs	lversp	ring M	120910	411 2 1 1300 0	THE STATES	

1 - STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH





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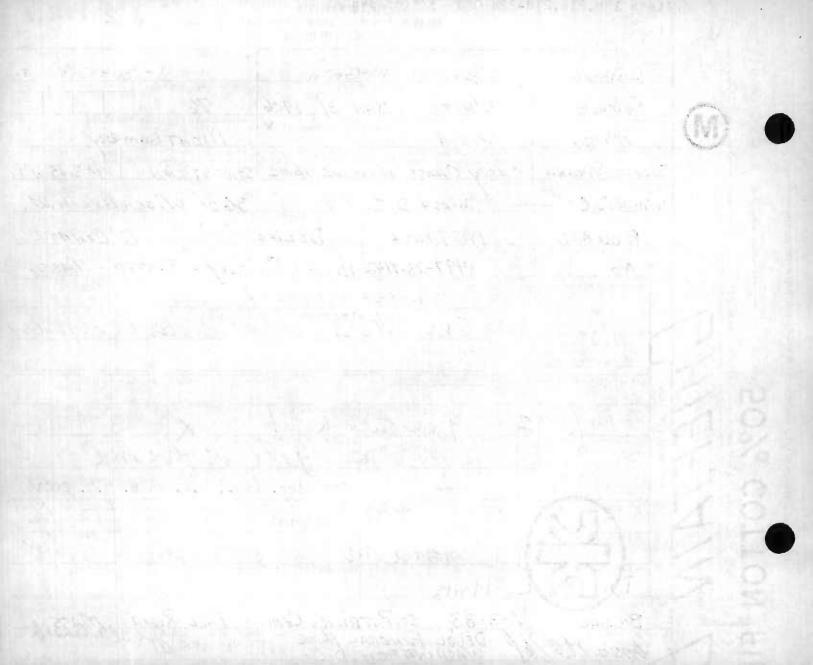
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		FOR			DEPARTMENT OF	HEALTH	AND MENTAL H	YGIENE 5		6	4 0
/		STATE REGISTRAR			DICAL EXAMIN				REG. NO.		See Mary
6	1. DE	EASED NAME	FIRST		MIDDLE		LAST	20. DATE K		ONTH DAY	YEAR 26 HOUR
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NECESSARY, PLEASE UNDERLY DIRECTOR STORY YOUR FILES. WITHIN 72 HOURS A PRESTON STREET,	3 SE)		1. RACE	5. DATE OF BIRTH	6. AGE (IN YE		DER 1 YR. IF UNDER			T/4 DAY	YEAR 120 HOLD
P. P		III STATE		MONTH DAY	YEAR LAST BIRTHD	AY) MONTH		MIN. PRONOUNC	ED	n /1	
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AZZ X		Tenne			5. A.	WIDOW		D U Mont	gomery	County	MD
X Y 9 E R. E.		TY OR TOWN (LIE NOT IN SHICH FAI	PITAL, NURSING HOME	OR OTH	ER INSTITUTION	12e USUAL OCCUPA FOR MOST OF WORKIN Mechanic	Assemi	OLET OR I	D OF BUSINESS
3624		lver S		4317 Ma	han Road			Mechanic	al	Sin	ger Co.
一に機能を	HISU A		IF IN NURSING HOME COUN		130 CITY OR TOWN		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS			3
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W H NOW A	100	THER'S NAME	1				15. MOTHER'S MAIDE	NNAME			
		FIRST		MIDDLE	MarDania	,	Lillie	MIDI)LE		AST
MOR MOR	16a. V	Vichol	EVER IN U.S. AR	M . MED FORCES?	McDanie	Y NO.	17. INFORMANT		12627	Hick	ill Dr.
, BALTIMORE RS AFTER DEA I, GIVE PAGES WITH FORM P WITH FORM P WITH FORM P PAGES I AN DIVISION ON	(4)	S. NO, OR UNKNOV	(IF YES, GIVE	WAR OR DATES)							
A A PERS	-	No			260-16-38	818	Robert L	e. Tobin	Sil. S		Md .
ST.			ATLIBATAC CALLEEL	ly one couse per line DBY:						BETWE	EN ONSET AND DEATH
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A NER SE		gave ris	s, if any, which e to immediate) (b) c h	ronic myoca	ardia	l disease.			Ye	ears
OF TAKEN		cause (o) lying cous	stoting the under-	DUE TO, OR	AS A CONSEQUENCE	OF					
ITAL RECORDS, 201 W. PRESTON ST., HOULD BE EXECUTED WITHIN 24 HOUS RD "PENDING" IN PENCIL IN ITEM 18 HIF MEDICAL EXAMINER ALONG W USED AS A BURIAL-TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, RAL, CREMATION, OR REMOVAL.		Tymy coo.	1031.	(c)		4 16					
E EXECT DING: A BUILTH AN		PART 2 OTNER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO OFATH	BUT NOT RELATED TO THE TERM	INAL DISEASE	OR CONDITION GIVEN IN PAR	T 1 (a).			
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DIVISI IIS CERT VRITING ARDED (GE 3 SP (TE DEP)	A A	WHILE AT WORK	NOT WHILE	STREET, FACT	ORY, FARM, ETC.)	S	TREET	CITY OR TOWN	1	COUNTY	STATE
ZIZA ZIZA		AT WORK	AT WORK					-			
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EXAMINER CERTIFICATION DIRECTOR: WITH THE	-	death resulte	d fram: Notus	al causes X	Accident Su	ode .	, Hamicide .	Undetermined man	ner .		
EXAMI CERTIFICOD BE DIRECTORY WITH				00			TITLE (SPECIFY)				
AND AFT.		SIGNATURE	150	10	1000	~	Deputy	MEDICAL EXAMIN	JER E	DATE SIGNED 1/	/4/83
OR SEA		/					1919 8	Seminary R	oad		
TO MEDIC EXECUTE PAGE 4 S TO FUNE PAFTER DE		EXAMINER'S I	John John	S. Roger	s, M.D.		ADDRESS_Silve	Spring,	Montgon	nery, Mo	d.
TO MEDICAL EXECUTE THE CIPE AS A PAGE 4 SHOUL TO FUNERAL VARIER DEATH, VARIER DEATH, VARIER DEATH, VARIER MANCE, WAS A SHOULD A S	23a.B		ION, REMOVAL 2		23c. NAME OF CE/			23d LOCATION			
	(5	PECIFY)						CITY OR TOWN		Md	STATE
BP	24. FI	NEW LOUIS	TORA S	1/7/83	Fort Li	ncol	n Cometer	FE'D BY RECISTRAN	PS STRI	AR'S SIGNATUI	
DHMH - 17	7.7	2904	01	ADDRESS	P.U. BO	OX /	428	1 0 1983	John	2 Ca	well
(VR A1S ME (5))	W	pher	E. Pump	nrev. II	ic.Sil. St	or.	Md		11		

STATE OF MARYLAND

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Rockville, Md

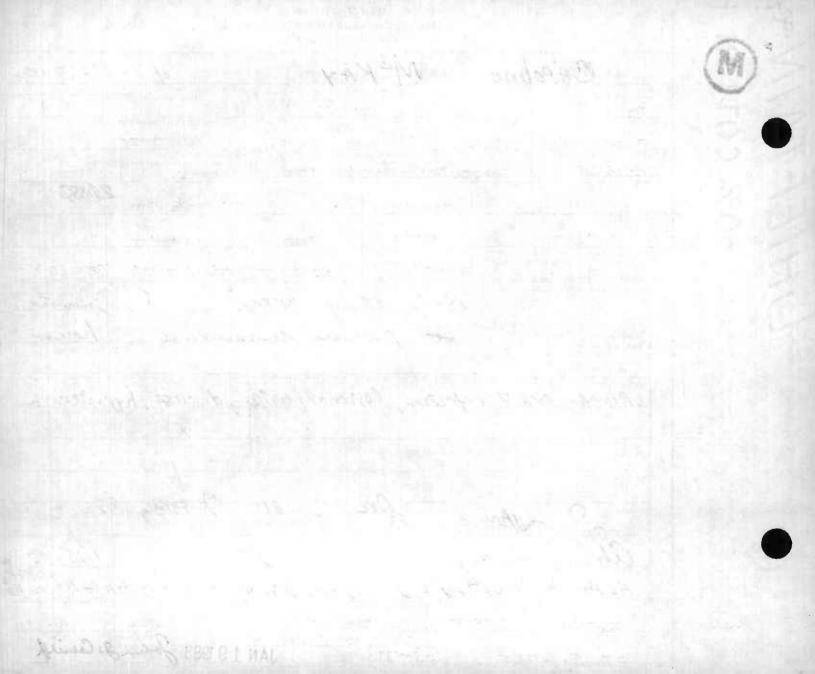
FOR

(VRA 15, 4)

George R. Snowden

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

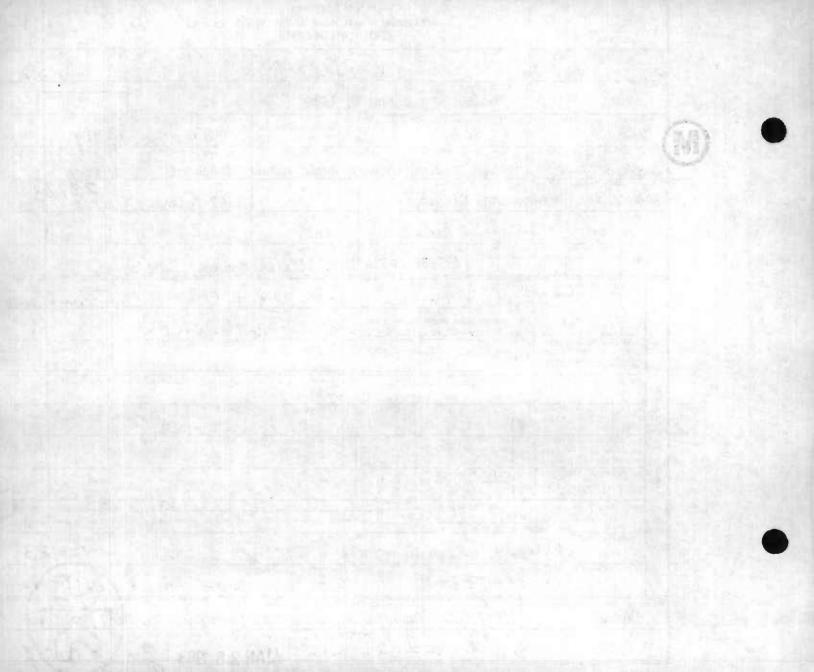


PENNY W.F.A. MENT TOWNED TAKENN PARK SENTEN ETEROLES WHEN HOW PROSENCES AT MANS SCHWAST REMOTE RESERVE KAPESKY midted 1888/18311 Entire R BUINER GERALLE BUINT BUCOLL THE PISSET CATHERINGS CLASSICE MERCEN These landles , White , & C. Constituted D. Co. 189 1883 John D. Could

STATE OF MARYLAND

new 2 Mariestory Carle Notes that the second of the s . Contract of the contract of il.i., e. ali of we of Dr. Commerce, Michigan Source - See Lount

		FOR		DEPART		E OF MARYLAND IEALTH AND MENTAL HY	CIENE SE	0	2 !	5 1
	1.	STATE REGISTRAR		DEFARII		ICATE OF DEATH		REG NO.	Em 8	3 1
nay be poge 3 r deoth		CEASED NAME OR PRINT)		WIDDLE	MER	VDELSON	20 DATE OF DE		23 83 L	HOUR 2 P.M
oge 4 may rector, pog urs after de	3. SE	Male	4 RACE Whit	e	May May	7, 1890 YEAR	92 YRS MONTHS DA		IF UNDER LYEAR IF	OURS MIN
death. P.	Pa	RTHPLACE ISTATE OR FOREIGN	u. s		WIDOWE		V Me	1100	MERY	MD.
12001 hours after lin by me be filed	V	ITY OR TOWN OF DEATH ROCKVILLE ALRESIDENCE (JE NURSING HOME O	Hebrew	Home of	Great	or other institution er Washington	12a USUAL OCC (TYPE OF WORK FOR Merch	MOST OF WORKING	126. KIND OF B INDUSTRY Shoes	USINESS OR
LAND 21 LAND 21 In 24 ho should be in fulled in	Mo		gomery	GIVE RESIDENCE BEFOR	pring	YES NO 15 MOTHER'S MAIDEN NA		ottrell	Terrace Terrace	03
maryta uted within completely 1 and 2 sh	14 7/		MIDDLE	Mendel		Ruth		IDDLE	(Unknow	on)
TIMORE, be execu on ond co s. Poges I	160 1	VAS DECEASED EVER IN U.S. AR res, no or unknown) (18 yes, giv	MED FORCES? E WAR OR DATES)	495-36-3		Mrs. Lillian	Tauber	Same a	s No. 13	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120) NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours attending physician. After this certificate has been signed by the attending physician and campletely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled than and Mental Hygiene prior to burial, cremation, or remayal.		4149	TE CAUSE (a)	CARDI	Ac	ARRYTHN ROTIC HEA		S E ASE		TE INTERVAL SET AND DEATH
i, 201 W. PREST.		Canditions, if any, which gave rise to immediate cause lot, stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, C	DR AS A CONSEQUE	ENCE OF				IVEN IN PART 1(a	
AL RECORDS, ; he low require ion. hos been sign if permit Then tien prior to bu	CERTIFICATION	19a date of operation	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY	IN CERT	ES, WERE FINDING: IFYING CAUSES OF 'ES	
DIVISION OF VITAL F DING PHYSICIAN: The or affending physician. After this certificate ho e os the burial-transit p let and Mental Hygiene morked or Item 18 show	MEDICAL CER	?10. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	Р	.m. MONTH D	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM 18.	PART 1 OR PART 2)	
DIVISION DIVISION DING PHY are offended after this c os the bu	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CIT	Y OR TOWN	COUNTY	STATE
VITENDI spital or STOR. A for use of Heal		220.1 certify that (1) (this hosp sow the deceased olive on above, (1) (we) (did) (did as	01/25	183 19		nd that in (my) (aur) apinion	death occurred or	the date and ha	. 19 <u>85</u> , tha iur and from the cau	t (t) (we) last uses stated
0 0 0 0 0		22b. SIGNATURE	asil		/	DEGREE N.D. ATTENDING PHYSICIAN	MEDICAL DIRECTOR 1	STAFF PHYSICIAN []	01/23	83
O HOS stained TO FUN hould be		22d. PHYSICIAN'S NAME (TYPE O	· PAT	EL		6121 Mon	TROSE	RD; F	20 CKVILLE	FMO.
BP	(Burial Burial	1/25/1	1983 Mou	int Le	emetery or crematory Lanon Cemete	ry Adelph	ii. Pr.	Geo. Mary	land
DHMH - 16 60M 1/75 (VR A 15 (4))	24 F	ineral director Donald 2 Carroll Stree	t, N. u	un Hebreu 1. Washir		0 0	TE REC'D. BY REGIS	STRAR 25b. REGIS	TRAR'S SIGNATUR	will



			STATE OF MARYLAN					
FOR STATE REGISTRAR		D	PARTMENT OF HEALTH AND I CERTIFICATE OF D					
DECEASED NAME	FIRST	WIDDLE	LAST					

5 YGIENE

	REGISTRAR		CENTIFICATE OF DEATH	REG. N	0.	
	ECEASED NAME FIRST	WIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY YEAR	76 HOUR
(14	GERT	CIE	MESSERMAN	Jan. 12,	1983	4:00pm
3 S	EX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BI	MONTHS DAT	
	Female	White	MONTH DAY YEAR		YRS.	S HOURS MIN.
7 7a.	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DEATH	
/	Russia	USA	WIDOWED DIVORCED		gomerv	MD.
10.	CITY OR TOWN OF DEATH		RSING HOME OR OTHER INSTITUTION		ION 126. KINE DE WORKING LIFE) INDUSTE	OF BUSINESS OR
0	Rockville	Hebrew Home o	f Greater Washing	ton Furrier		Fur
130	STATE 136 CC		TOWN 13d. INSIDE CITY LIMI			
		ntgomery Sil			ton Drive	(20901)
14.1	FATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDE	WIDDLE		LAST
G	ELLIOTT	BECKM		(UNKNOWN)	J - 1 - 2 1	
160.	WAS DECEASED EVER IN U.S.	GIVE WAR OR DATES)	ECURITY NO. 17 INFORMANT	ADDR	onevy of	hase, Md
	(YES, NO OR UNKNOWN) (IF YES,	081-10	0-8003 Elliott	Bresler; 33	09 Glenmo	or Drive
2	18 CAUSE OF DEATH (Enter	anly ane cause per line far (a), (b	i, and ici-i		APPR BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH
	PART I. DEATH WAS CAL	JSED BY: Card:	io Respiratory	Arrest		
	5010	DUE TO, OR AS A CONSI	SOLIENCE OF A			
	Conditions, if any, which	(b)	Aspirati	on Pneumoni	a	
	gave rise to immediate cause (a), stating the		COURT OF			
	underlying cause lost.	DUE TO, OR AS A CONSI	EQUENCE OF			
	PART 2 OTHER SIGNIFICAN	IT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CON	IDITION GIVEN IN PART	1(0)
Z	TAK! 2 OTTEK SIGNITICAL	TO CONDITIONS CONTRIBUTION	TO BEATH DOT NOT KEEPIED TO THE	TERMINAL DISEASE ON CON	DITION ON EN INTERNI	110
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WI	TICH OPERATION WAS PERFORMED	70a AUTOPSY?	706. IF YES, WERE FIN	
1 8				YES T NOT	IN CERTIFYING CAUS	SES OF DEATH?
- 2	210. ACCIDENT WAS UNDERLYING	716. TIME OF INJURY	71r HOW INJURY O	CCURRED (ENTER NATURE OF INJ.		
100	OR CONTRIBUTING CAUSE OF	LICHE A M. MONTH	DAY YEAR			
2	(IF EITHER, NOTIFY MEDICAL EXAM		19			
MEDICAL	21d. INJURY OCCURRED	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
	AT WORK AT WORK		Truyo 9	70		
		spital) attended the deceased fr	XX	19 to Jan 1	1983	_, that (I) (we) last
	saw the deceased alive abave, (I) (we) (did) (did	nat) view the body after death.	9 3, and that in (my) (aur) or	oinian death occurred on the d	late and hour and from t	he causes stated
	776. SIGNATURE	, .	DEGREE			TE SIGNED
	K.Sh	Ky	ATTENDI PHYSICI	MEDICAL STA	CIAN 1 1-	12-83
	224. PHYSICIAN'S NAME (TY	PE OR PRINT)	77e ADDRESS			
1	TO A NAT TERRIT	CTTATETO	M D (101 M	. D 1	D 1 . 7 7	3.6.1

BP

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please may the State Dept. of Health and Mental Hygiene priar to burial, cre-

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

injury, or other tra

SHAKIR, M.D.

6121

Montrose Rd.,

Rockville, Md.

Tal 1-14-83 Mt. Lebanon Cemetery Or CREMATORY To The Control of Co

+31	L	FOR - STATE REGISTRAR				PARTMENT		ARYLAND AND MENTAL H OF DEATH	YGIENE E	REG. NO	0	2	5 3
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OR he hor DIRE rached		726 SIGNATURE	1_	1/4	pè	(w)	DEGREE	ATTENDING PHYSICIAN	MEDICA	STAF		22c. DATE	SIGNED S
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DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR VA

Iyes Funeral Home 2847 Wilson Blvd., Arlington,

FEB 7 1983 John J. Comment

KEET E ELETZEEK

		STATE OF MARYLAND	
XP	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE & 3 () 2	154
	1. DECEASED NAME	REG. NO. FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY	YEAR Zb. HOUR
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9999	24 FUNERAL DIRECTO		IGNATURE •
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1	FOR - STATE		DEPARTA		EALTH AND MENTAL HYG	SIENE 8 3	0	2	1 5 5	
	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0	-		
	ECEASED NAME	FIRST	WIDDLE	2.4	LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR	
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3 SE	X	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	(HDAY) IF U	NDER 1 YEAR	IF UNDER 24 HRS	
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14 F	ATHER'S NAME FIRST	WIDDLE	LAST		15 MOTHER'S MAIDEN NA	WE		LAS	ST	
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	APPROX	IMATE INTERVAL ONSET AND DEATH								
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	sow the deceased obove, (I) (we) (de	dive on	ofter death.		nd that in (my) (cor) opinion	deoth accurred on the do	te and hour one	d from the	couses stated	
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24 F	UNERAL DIRECTOR	1 -/ -/			25a. DAT	E REC'D. BY REGISTRAR	256 REGISTRAR	SSIGNA	DRE . A	
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DHMH - 16 50M 1/81 (VRA 15, 4)

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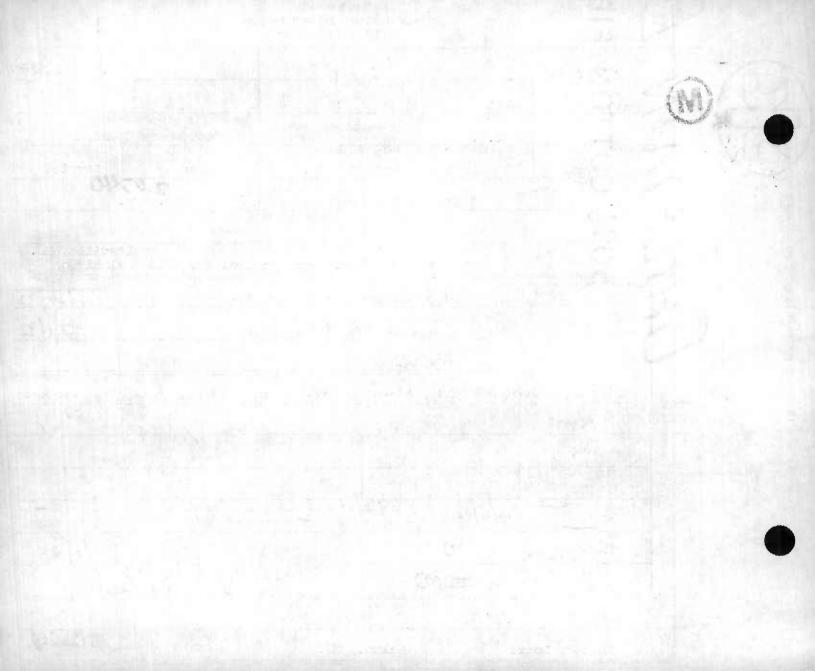
Anatomy Board

ADDRE

Balto., Md.

JAN 1 2 1983

EGISTRAR'S SIGNAL RE



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or otherwing physician.

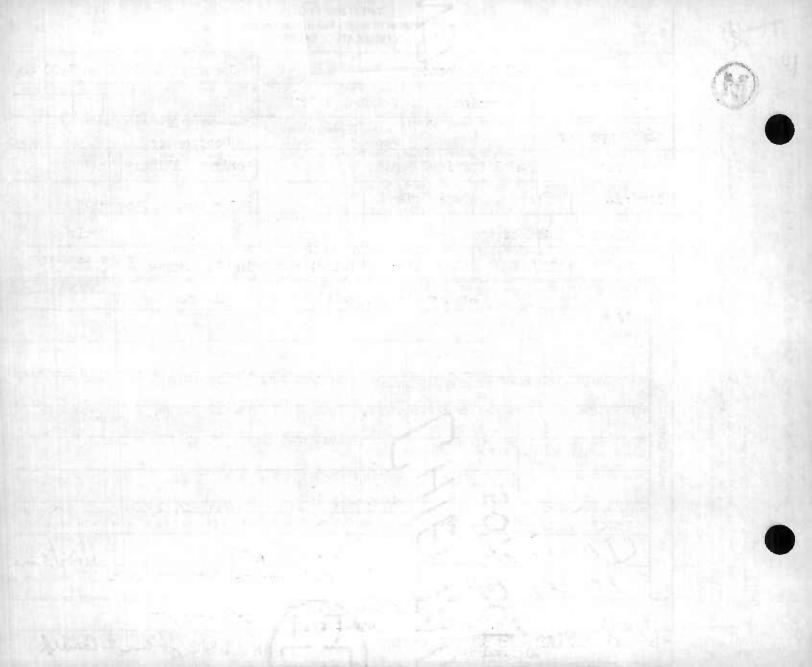
IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumatic event, the medical experimentary be not lead of one TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

1 - STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 3).	0 2	15
DECEASED NAME	FIRST		AIDDLE		AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
(TIPE OR PRINT)	Joshu	a	I		Miller	January	9	1983	9:15
. SEX Male	4.	RACE Whi	te	S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	IF UNDER 24 HR
COUND C	R FOREIGN 71	U.S	what country?	8 MARRIEI WIDOWE	NEVER MARRIED	9. BALTIMORE CITY OF Montgomer	COUNT		,
i. City or town of di Bethesda	EATH 1	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET, Kittery	ADDRESS)	OR OTHER INSTITUTION	126. USUAL OCCUPATION OF WORK FOR MOST OF MOST	WORKING	LIFE) INDUSTRY	Banking
JSUAL RESIDENCE (# NU 130. STATE Md. 20617	135 COUNT	THER INSTITUTION, TY Somery	13c. CITY OR TOW Bethesd	'N	13d. INSIDE CITY LIMITS?	9100 Kitte		70	317
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60. WAS DECEASED EVE		NED FORCES?	166. SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDRE	SS	New	York
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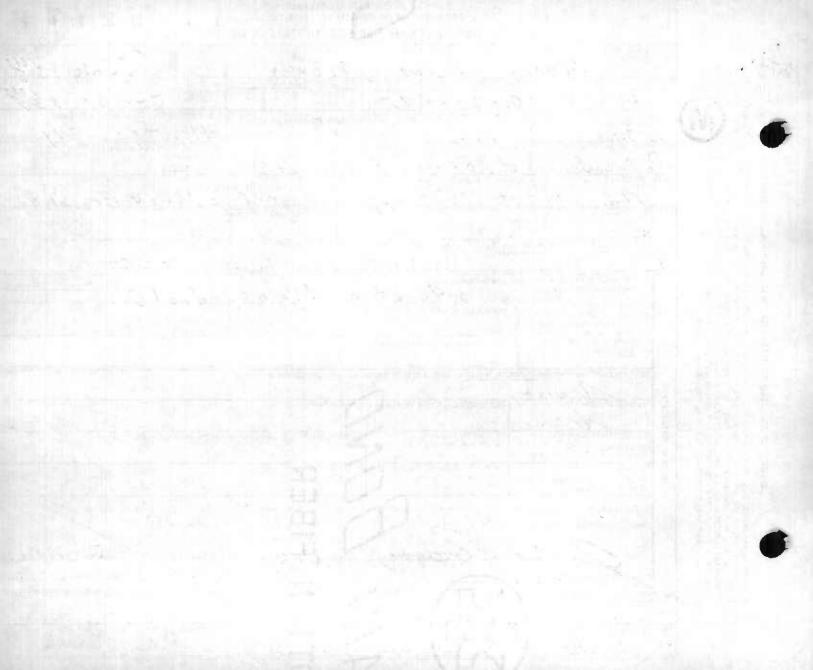
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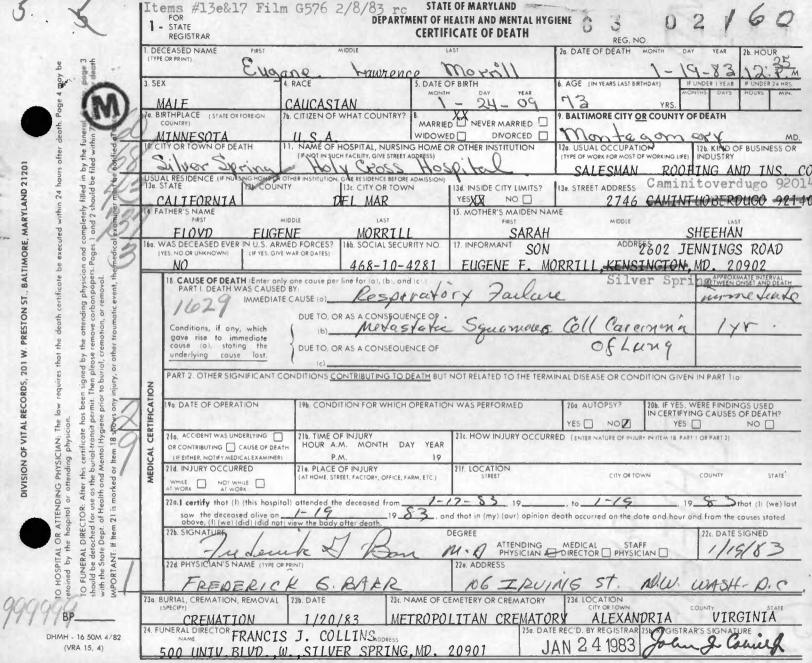
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7999 119		BURIAL, CREMATION, F SPECIFY) Burial		Jan. 26 83	C	Mational National eme t ery	ATTINGCO		COUNTY	STATE
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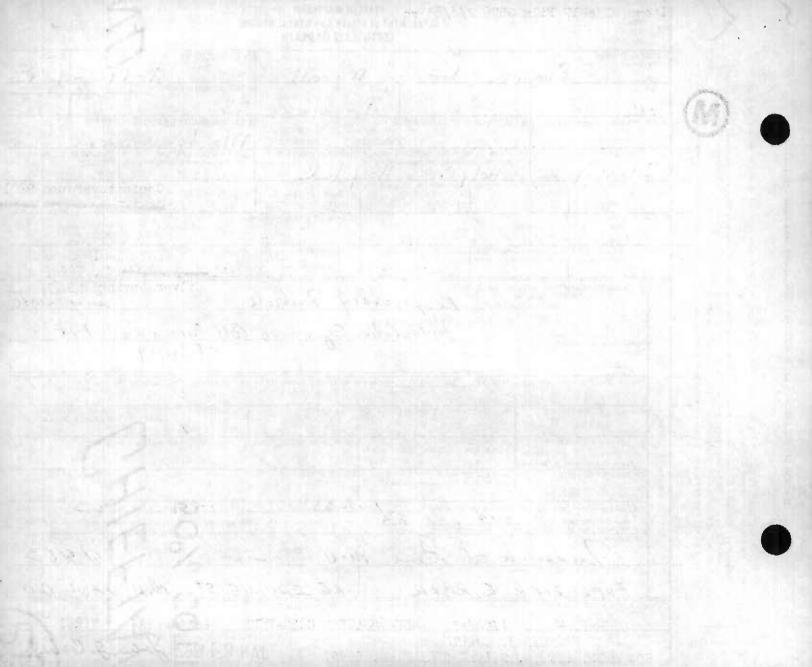


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> 7	ATE STHE OF THE	8	210 EXTERNAL CAL		21b. TIME OF		21c HC	W INJURY OCCURRE	D LENTER NATURE OF	INJURY IN ITEM 18 PA		
	A HOUSE		UNDERLYING CONTRIBUTING	OR CAUSE OF DEAT		MONTH DAY YEAR	,					
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2	ARDE ARDE ARDE ARE DATE DATE DATE DATE DATE DATE DATE DAT	X		WHILE	STREET, FACT	ORY, FARM, ETC.)	SI	TREET	CITY OR	TOWN	COUNTY	STATE
	# 3 4 5 6	-7	AI WORK AI	WORK								
	EXAMINER: CERTIFICATE ULD BE FOR I, WITH THE S MARYLAND,	00	22a I certify that	I taak charge of t	Term	cribed above, held an	Autaps	y L, Inspection	n 🔼 , Inqui	ry L., and	in my apınıan	
	WE HE WE HE		death resulted from	m: Natural ca	uses 🔄	Accident L., Su	icide	, Hamicide L.	Undetermined	manner,		
	WAN WAR		ACTUAL	70	011			TITLE (SPECIFY)			DATE .T	2.12.2
	KERSEW -		SIGNATULE	atres	100	open,	M	D. Dep	MEDICAL EX	AMINER	SIGNE	2/1982
	MEDIC CUTE SE 4 SE FUNE ER DE		EXAMINER'S NAME	John S.	Rager	M. D.		9919	Seminari	1 Road S	ilver Sp	ring.Md.
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, BALTIMORE, M	-2	PETPE OR PRINT					ADDRESS				3,
	ED5149	23a.B	URIAL, CREMATION,			23c. NAME OF CEA			23d. LOCATION		COUNTY	STATE
	BP		Burial	Jax	1.25,19	83 Cheltenh	am Ve		Chelte			laryland
	DHMH - 17		INERAL DIRECTOR				34		REC'D. BY REGIST	RAR 256 REGIS	TRAR'S SIGNATU	KE A
	(VR A15 ME (5))	150	O Universa	itu Blud.	. W.	Silver Spri	na. N	Id. IJAN	27 1983	John	Je way	

STATE OF MARYLAND







Sandison 316 . Diamond Ave.

Gartner Sandison F. H. Gaithersburg. Md. 20877

FOR

REGISTRAR

- STATE

HMH - 6 50M 4/B2

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

17h KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

min

NO [

STATE

STATE

INDUSTRY

Sullivan

YES [

250. DATE REC'D. BY REGISTRAR TO REGISTRAR'S SIGNATURE

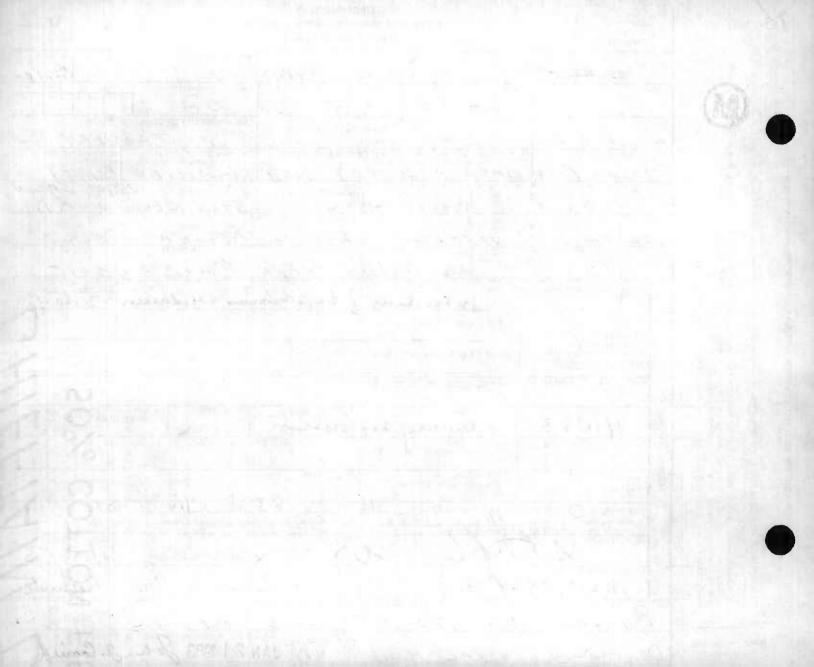
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COUNTY

22c. DATE SIGNED

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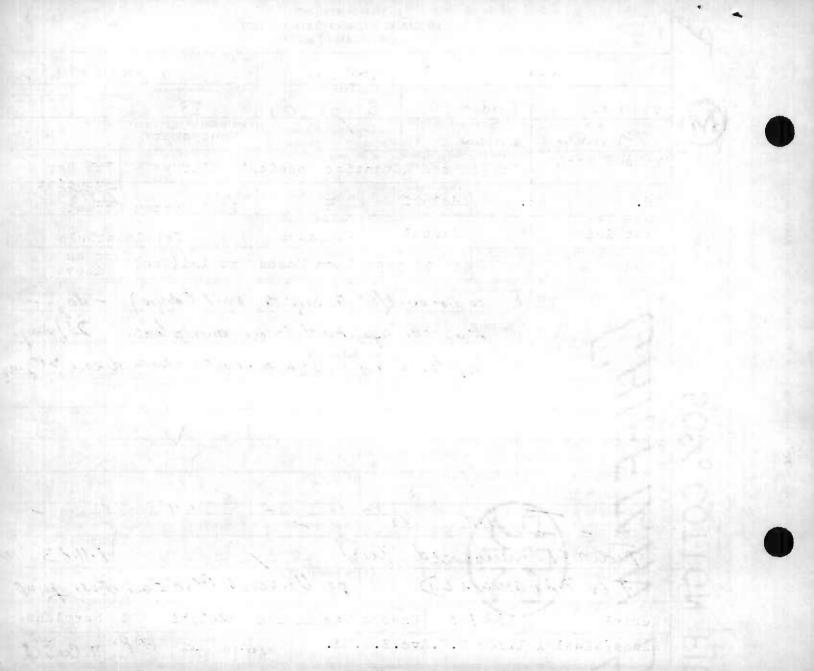
K				STATE OF MARYLAND	0 1 6 0
10		1.	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE &	6. 106.
			REGISTRAR	CERTIFICATE OF DEATH REG. NO.	
			CEASED NAME FIRST	MIDDLE LAST TO DATE OF DEATH MONTH DA	AY YEAR 2b. HOUR
	2 de 0	(TYPE	OR PRINTING	, MARY DOLORES MORRIS JAN 14, 19	783 4:210M
		3. SE	(The state of billion	FUNDER 1 YEAR IF UNDER 24 HRS
	(配件)	9	F	WHITE 18-28-50 32 VRS. "	ONTHS DAYS HOURS MIN.
			RTHPLACE (STATE OR FOREIGN	78. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY	OF DEATH
	the state of	n	ASH, D.C.	USA WIDOWED DIVORCED DI MONTGO	MERY MD.
	1 1 27/	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVESTREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
5	B 400 M	11	TKOMA PARK	WASH, ADVENTIST HOSP BEAUTICIAN	BEAUTY
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	4 hou	USU 13a.	AL RESIDENCE (IF NURSING HOME OF	DOTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) JUNTY 136_CITY OR TOWN 136. INSIDE CITY LIMITS? 138. STREET ADDRESS 2.	0740 SACON
AND	fille		MDIF	. G. BERWYN HOTS YES EN NO 1 5925 BERW	(N RD
RYL	within	14. F/	THER'S NAME FIRST	MIDGLE LAST IS. MOTHER'S MAIDEN NAME	/ LAST
X	ond ond	7	OSEPH W.	LONFFELLOW LUCIA KEGINA	EPORE
RE,	xecut nd co ges l			ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
IMO	Pogo .	A CONTRACTOR OF THE PARTY OF TH	NO	216-58-9355 TRANK MORRIS - 1	48005
ALT	strio pers ol.		18 CAUSE OF DEATH (Enter on	only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T., B	phy npo mov		PART I. DEATH WAS CAUSE	SED BY: ATE CAUSE (0) In farching by hypothalanus + Midhrain	3 days
S	ding or re		2537	DUE TO, OR AS A CONSEQUENCE OF	t
STC	e death c		Conditions, if ony, which	(b)	
8	he o emo mot		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	
₹.	that the design of the design		underlying couse lost	DOE TO, OK AS A CONSEQUENCE OF	
201	8 6 6 5		PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	N IN PART I (o
SDS,	sig Then to b njury	O			
0	beer mit.	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES,	WERE FINDINGS USED
IL RE	Po P	TIFIC	1/11/83	pitutary extrakin YES NOD YES	ING CAUSES OF DEATH? NO ☑
/ITA	AN: The chysicion obhysicion of ficote herronsit of Hygier of 18 show	CER	21a. ACCIDENT WAS UNDERLYING		RT I OR PART 2)
OF	4 9 1 1 0 E	AL	OR CONTRIBUTING CAUSE OF DEA		
O	HYSIC nding his cer is burio of their	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY 211 LOCATION	COUNTY STATE
VISI	or offer the ost the old offer of morked	¥	WHILE NOT WHILE AT WORK	TAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN	COOMI
٥				pital) attended the deceased from 19 19 8 , to 1 1 4 , 19	9 8 5 , tho (1) (we) lost
	TOR For up of He		sow the deceased alive on		and from the couses stated
	hosp hosp hosp hosp hed sept.		22b. SIGNATURE	DEGREE	22c. DATE SIGNED
	0 9 0 90 =		X	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	1115/53
	HOSPITAL ned by th FUNERAL uld be detended on the Stote		22d. PHYSICIAN'S NAME (TYPE O		21:11
		- 2	A-LIMIE	SKY MD 11119 Rochville Pile	Rochiells
	Of Shoots	23a.	BURIAL, CREMATION, REMOVAL	L 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION	
	BP		BURIAL	JAN 18 1983 ST MARYS LAUREL	COUNTY
		24 F	UNERAL DIRECTOR	ADDRESS LACRE 250. DATE REC'D. BY REGISTRAR POREGISTR	AR'S SIGNATURE
D	HMH - 16 50M 4/B2 (VRA 15, 4)	1	ONALDSON 1	FUNERAL HOME MIST JAN 21 1983 John	I Camille
		9.00	7		-



- STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



and 2:

should be detached for use as the burial-transit permit. Then please remave co with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

marked or Item 18 sha

IMPORTANT: If Item 21 is

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO MIDDLE H. MOXIEY 20. DATE OF DEATH MONTH 26 HOUR JANUARY 5. DATE OF BIRTH 6. AGE [IN YEARS LAST BIRTHDAY] IF UNDER TYEAR APRIL 3, 1894 YEAR WHITE 88 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Montgomery WIDOWED 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
134. COUNTY
Mont.
137. CITY OR TOWN
Rockville 20854 13d. INSIDE CITY LIMITS? 12612 Stoney Creek Rd. YES TX NO [15. MOTHER'S MAIDEN NAME Martha Streams Butt 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) Claudia Crown Derwood, Md. 20855 214-28-3999

_								
	18. CAUSE OF DEATH lEnter only PART I. DEATH WAS CAUSED IMMEDIATE	one cause per line far (a), (I BY: CAUSE (a) ACONS DUE TO, OR AS A CONS	Myocu	adial Info	vetim		APPROXIM BETWEEN O	MATE INTERVAL DISET AND DEATH
	Canditians, if any, which		my the	it diverse			ga	-1
	cause (a), stating the underlying cause last	DUE TO, OBAS A CONS	SEQUENCE OF to	y Athers	Deroi.7		Jen	=2
NO	PART 2 OTHER SIGNIFICANT CO	nditions <u>contributing</u>	G TO DEATH BUT	NOT RELATED TO THE TERMIN	al disease or cond	DITION GIVEN	IN PART Ita	
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, W IN CERTIFYIN YES	G CAUSES	
A	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH P.M.	(ENTER NATURE OF INJUR	Y IN ITEM 18 PART	OR PART 2)			
MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM ETC)	211 LOCATION STREET	CITY OR TOV	WN	COUNTY	STATE
	220.1 certify that (I) (this hopital saw the deceased alive an abave, (I) (10.1) (Od) (did nat)	out 19	03	d that in (my) (p(r) apinion dec	to oth occurred on the do			hat (1) (ve) last causes stated
	How he la	· · ·	N		MEDICAL STAF DIRECTOR PHYSIC		22c DATE S	197
	TARRES M	KENNER	2 mp	Bether	1 / 1 / 1	tom 2 20814		
	COECIEVA	JAN. 20, 1983		emetery or crematory c Methodist	Potomac	Mor	Dublia	Md. STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

BP

FOR

REGISTRAR

FEMALE BIRTHPLACE (STATE OR FOREIGN

10 CITY OR TOWN OF DEATH

Luther

(YES. NO OR UNKNOWN)

Rockville

FIRST FLEST LEIR

4 RACE

MIDDLE

DECEASED NAME

- STATE

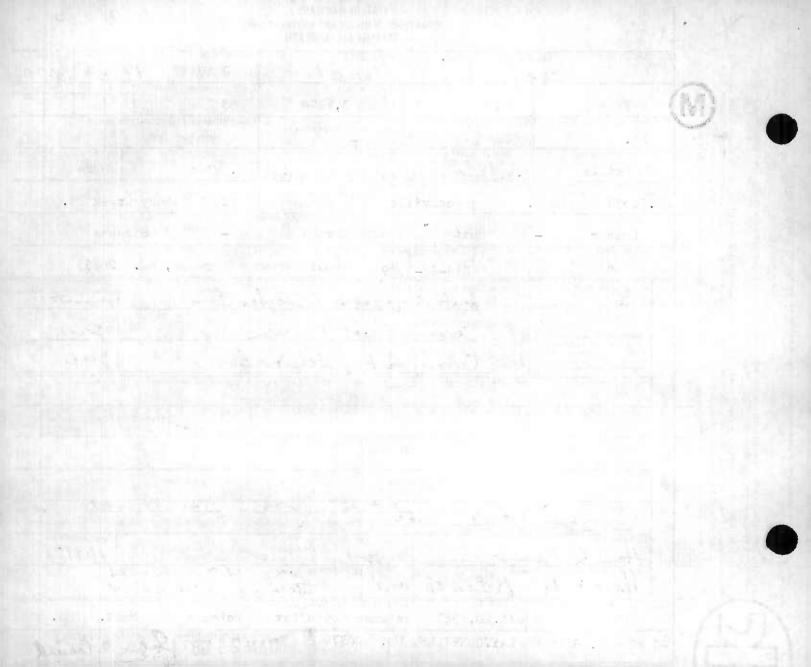
TYPE OR PRINT

Md.

4 FATHER'S NAME

FRANCES H. BARBER LAYTONSVILLE, MD. 20879

JAN 2 4 1983



edic

marked ar Item 18 sha

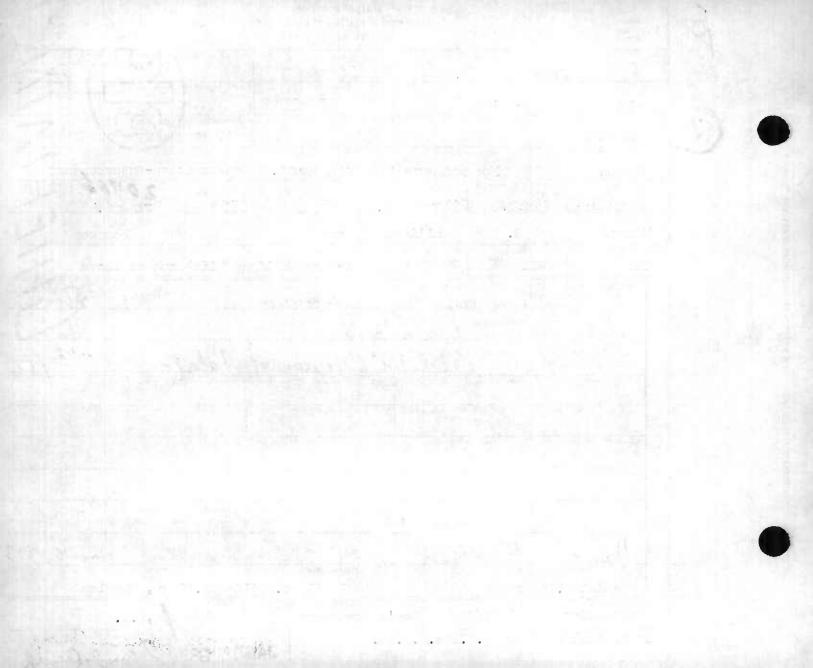
MPORTANT: If Item 21 is

1.	FOR STATE REGISTRAR			DEPARTM	NENT OF H	OF MARYLAND EALTH AND MENTA ICATE OF DEAT		IENE 8 3	0	2 6 5
	CEASED NAME	FIRST	,	WIDDLE	Ü	AST		2a. DATE OF DEATH	MONTH	DAY YEAR 26 HOUR
4		John		3.	Mul	ligan			1 1	L6 19831:20p _M
3. SE	X	4	RACE		5. DATE O		AR.	6. AGE JIN YEARS LAST BI	RTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
-	nale		white		1	1°5′ 1′5′	928		YRS.	
	RTHPLACE (STATE OR F COUNTRY) New York	OREIGN 7	L CITIZEN OF	A A	MARRIEI WIDOWE		_	9. BALTIMORE CITY	_	County MD.
10 C	olney	TH 1	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESSI	rother institution		120. USUAL OCCUPAT (TYPE OF WORK FOR MOST Construct:	OF WORKING L	12b. KIND OF BUSINESS OR INDUSTRY IPER tendant
130.	al residence (# nurs) State Maryland	13b COUNT	Y	GIVE RESIDENCE BEFORE 130 CITY OR TOWN Silver		13d. INSIDE CITY LIA YES ** NO [3764 Be1	20 Pre	Řd. #2
	ATHER'S NAME FIRST Edward	M	IDDLE H•	Mulliga	an	Ruth FIRST	DEN NAM	WIDDLE		Chompson
	WAS DECEASED EVER YES NO OR UNKNOWN) YES		MED FORCES? WAR OR DATES)	070 20 60		Sandra Mu	11118	ADDR gan(Wife)Sa		above
	18 CAUSE OF DEATH W 1455 Conditions, if any, gove rise to imm couse Ial, stotin underlying couse	AS CAUSED IMMEDIATE which nediote	DUE TO, OI	RAS CONSEQUE	A. S.	a di cem	10 a01	P Palat	e	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 LUSS: 3 drugs 2"2 4 15
CERTIFICATION	PART 2 OTHER SIGN					NOT RELATED TO THE		200 AUTOPSY? YES NO	20b. IF YE	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? IES \(\) NO \(\)
MEDICAL CER	21a, ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 21d, INJURY OCCURR WHILE NOT WH AT WORK AT WORK	AUSE OF DEAT (AL EXAMINER)	P. 21e PLACE	m. month da m.	YEAR 19	21c. HOW INJURY	OCCURR	RED (ENIER NATURE OF INJ		PART I OR PART 2) COUNTY STATE
	saw the decease abave (1) (we) of 22b. Signature	etallye an	Lan	16 198		d that in (my) (aur)	,	death occurred an the		, 19, that (1) (ve) lost our and from the causes stated

CERTIFICATION 190 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED NOT WHILE 22a.1 certify that the this hospital) at saw the deceased alive an abave (1) (ye) did (did nat) view SIGNATURE PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 18111 Pr. Philip Dr. Olney, Maryland Daniel L. Anderson 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL Washington, D. C. COUNTY STATE (SPECremation 1/17/83 Lee's Crematory 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE THINES / REHALdi 11800 N.H.Ave.S.S.Md. 1983

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.



5	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	2 6 6
nay be page 3 r death		CEASED NAME FIRST OR PRINT) G FORGE	WAS:HINGTO	N MURPHY	JANUARY 5	1983 1:40 P
4% 94	3. SE	MALE	BLACK	S. DATE OF BIRTH OCTOSER 10, 1906	6. AGE (IN YEARS LAST BIRTHDAY) 76 YRS.	IF UNDER 1 YEAR IF UNDER 24 HI
W Poge	12	RTHPLACE (STATE OR FOREIGN COUNTRY)	UNITED STATES	WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNT	
haurs after d d in by the be filed	TA	KOMA PARK	ASHINGTON ADU	ENTIST HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OF INDUSTRY. PRIVATE
filler 24	13a.	STATE LINE COL	prother institution give residence before the following th		1931 OLIS NE	99999
completely	ALE!	THER'S NAME	MURPH	15 MOTHER'S MAIDEN NA	ME	LEWIS
Pages 1	16e. V	VAS DECEASED EVER IN U.S. A			nuerby 1931 Oil	TIS ST.N.E.
ires that the death certificating and by the attending physis or please remove carbon papuburial, cremation, ar removality, or other traumatic event.		Conditions, if any, which gave rise to immediate could (a), stating the underlying could lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE TO OR AS A CONSTRUCTION OF TO OR	TOTAL BUT POT RELATED TO THE TERM	UNAL DISEASE OR CONDITION G	IVEN IN PART TO
in. In. In. In. In. In. In. In.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	INICERT	ES, WERE FINDINGS USED OFFING CAUSES OF DEATH? YES NO NO
PHYSICIAN: The ending physicion this certificate the burial-transit and Mental Hygie dar tem 18 skg	MEDICAL CERT	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	P.M. 21e. PŁACE OF INJURY	19 211. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 16	(COUNTY STATE
R ATTENDING PHYSICIA hospital or attending place of the second se	W	sow that decelored adve-	pital attended the deceased from	May 19	death occurred on the date and hi	., 19, tho (l) we)
the hor the hor the hor the betacher the Dept the Dept the hor		22d. PHYSICIAN'S NAME (TYPE	1. Dur	22e. ADDRESS	MEDICAL STAFF	1 5 63
TO HOSPITA retained by TO FUNERA should be do with the Stat IMPORTANT	23a.	DK. LEWIS H	AL 23b. DATE 23c	NAME OF CEMETERY OF CREMATORY	23d LOCATION	
999BP	L	BUZIA/ UNERAL DIRECTOR	JAN. 10,83 F	T. LINCOLN CEM.	BRENTWADD TE REC'D. BY REGISTRAR 256 AGGI	STRAR'S SIGNATURE
DHMH - 16 50M 4/82 (VRA 15, 4)	1	UNIT FUNERAL	Hora 280/ 751	TST. N.F. D.C. JA	N 1 1 1983 Soc	2. Carried

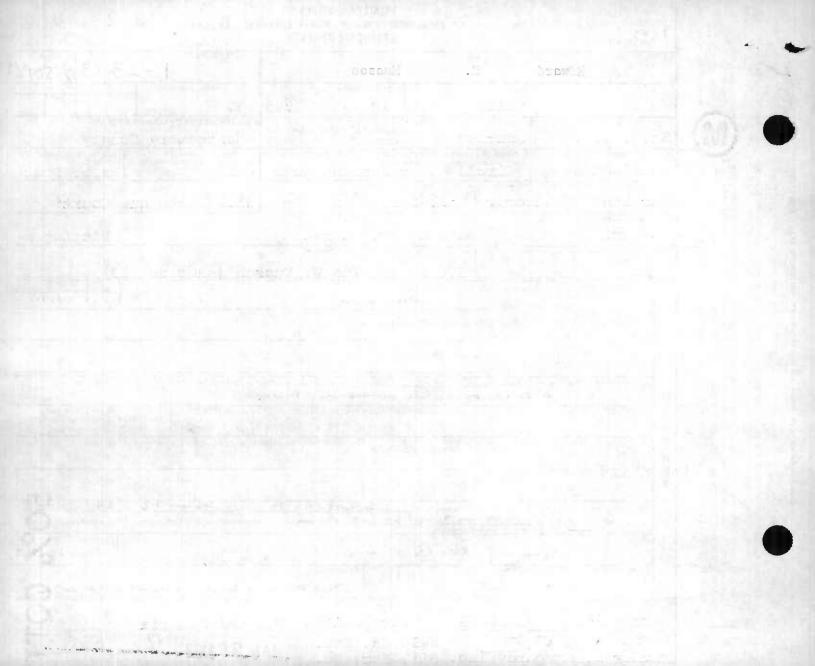
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Silver Spring North Period Servet Ser

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KING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY Wash. Post
IF UNDER 1 YEAR IF UNDER 24 HRS. WASHING LIFE! 12b. KIND OF BUSINESS OR INDUSTRY Wash. Post
VRS. HOURS MIN. VRS. WONTHS DATS HOURS MIN. VRS. HOURS
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Y County MD 12b. KIND OF BUSINESS OR INDUSTRY Wash. Post
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nham Court
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BETWEEN ONSET AND DEATH
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IF YES, WERE FINDINGS USED
CERTIFYING CAUSES OF DEATH?
EM 18 PART I OR PART 2)
COUNTY STATE
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73, 19 53, that (I) (we) lose and hour and from the causes stated
, 17, 11101 (11 () 103
nd hour and from the causes stated 22c. DATE SIGNED
nd hour and from the causes stated 22c. DATE SIGNED
nd hour and from the causes stated 22c. DATE SIGNED
121. DATE SIGNED JAN. 24, 1983
nd hour and from the causes stated 22c. DATE SIGNED JAN. 24, 198
22c. DATE SIGNED JAN. 24, 1983 EASTON. MD 20326 COUNTY STATE
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18	1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 0 2 1 6 CERTIFICATE OF DEATH REG. NO.	9
e 3	DECEASED NAME FIRST MIDDLE LAST JACK Nalaboff Jan. 5, 1983 726 HOUR 1:18	
96 4	SEX MATE WHITE S. DATE OF BIRTH DECEMBER 3, 1909 73 6. AGE (INYEARS LAST BIRTHDAY) FUNDER 2 MONTHS DAYS HOURS	A HRS
deorfe of min 72 land	0. BIRTHPLACE (STATE OR FOREIGN NEW YORK 17. CITIZEN OF WHAT COUNTRY? 8. MARRIED ☑ NEVER MARRIED ☑ NOTED ☐ NO	MD.
by the filled with	Silver Spring, II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) IN USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY POSTAL WORKER SERVICE	*SAPE
AND 21	SULAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE MARY LAND PRINCE GEORGES SEABROOK 134. INSIDE CITY LIMITS? 9743 GOOD LUCK ROAD 20 €0 /	
ompletely ond 2 s	PHILLIP NALABOFF LETBE RISKIN	
THORE on and a S. Pages	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) 0.55-07-2311 DOROTHY NALABOFF, SEABROOK, MARYLAND 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	
be 201 W-PRESTON ST., BAL luins that the death certificate signed by the attending physici han please remove carbanpaper a burial, cremation, or removal. jury, or other traumatic event, th	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	<u></u>
TATEGORIA	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 100. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)	1?
WING PHYSICIAN. I or ottending physics as the buriol-troper of the ord Mental His smorked or item 18 smorked or item 18	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21d. NOT WHILE AT WORK 22d. I certify that (I) (this haspital) attended the deceased from 19 (19 (20)) 22d. I certify that (I) (this haspital) attended the deceased from 19 (20) 22d. I certify that (I) (this haspital) attended the deceased from 19 (20) 22d. I certify that (I) (this haspital) attended the deceased from 19 (20)	ATE e) last
O HOSPITAL OR ATTEN etained by the hospital TO FUNERAL DIRECTOR: should be detached for us with the State Dept. of He MPORTANT: If them 21 is:	saw the deceased alive an abave. (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DI	13
TO HOSE retained and the should be with the IMPORTY.	BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY ELMONT LONG ISLAND, NEW 14	-
DHMH - 16 50M 4/B2	DOWN POEMER STEIN HEBREW MEMORIAL FUNERAL HOME 250 DATE REC'D BY REGISTRAR'S SIGNATURES	

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Danzańsky-Goldberg Chapels; 1170 Rockville Pike FEB

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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND



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+	1	FOR STATE REGISTRAR			DEPARTA	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH		. NO.	0 2 1	7 2
. 85		CEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONIH	DAY YEAR	26 HOUR
y be			ALBERT	(G.	N	OLL	JANUARY	24,	1983	1:17 AM
Q Q	3. SE	×	- 14	4 RACE			OF BIRTH	6 AGE (IN YEARS LAS	BIRTHDAY)	IF UNDER 1 YEAR	
· MAA		MALE		WHITE		SEF	TEMBÉR 16,1899	83	YRS	S MONTHS DAYS	HOURS MIN.
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on and co	16a \	VAS DECEASED EV	ER IN U.S. AR	MED FORCES? E WAR OR DATES!	306-09-		CARROLL NOLL	, SON, 5202 BETH	DANBU IESDA	RY ROAD	814
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Allenul aspital ac ECTOR: A difar use of a Healt		saw the dece above, (I) (we	ased alive on	1 1	deceased from 19 2		6/2-9, 19_79 nd that in (my) (our) opinion d	, to	date and h	our and from the	
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DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR RICHARD RAPP, INC. ODRESS
1120 CONN. AVE., N. W. #940 WASH., D.C. 20036

23d LOCATION
GARY LAKE COUNTY INDIANATATE RIDGE LAWN CEMETERY JAN 2 7 1983 John S. Gu

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STATE OF MARYLAND

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24 FUNERAL DIRECTOR JOSEPH Gawler's Sons,

5130 Wisconsin Ave., NW, Washington, D.C. 20016

DHMH - 16 50M 4/B2

(VRA 15, 4)

FOR - STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b. HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

At Home

Mc Donnall

YES

COUNTY

22c. DATE SIGNED

21 JAN

STATE

IF UNDER 24 HRS

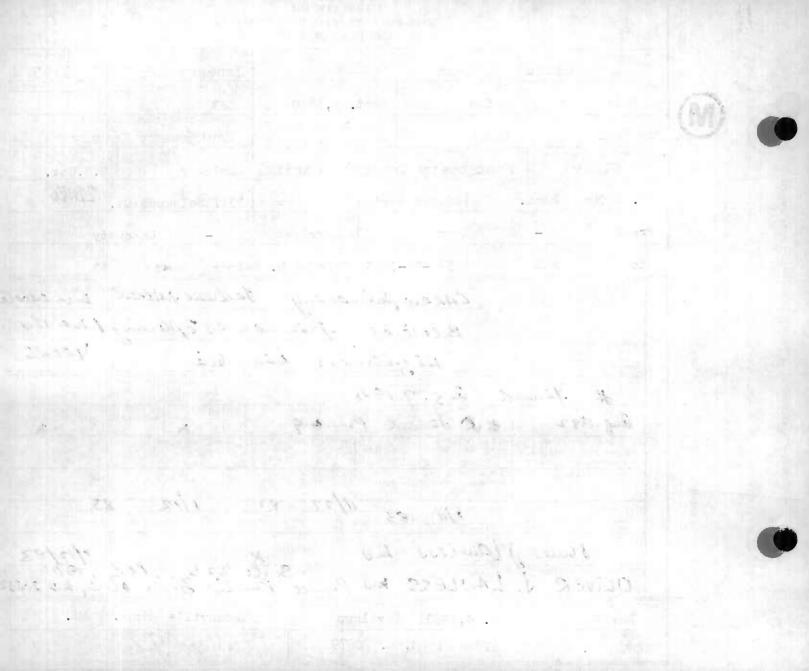
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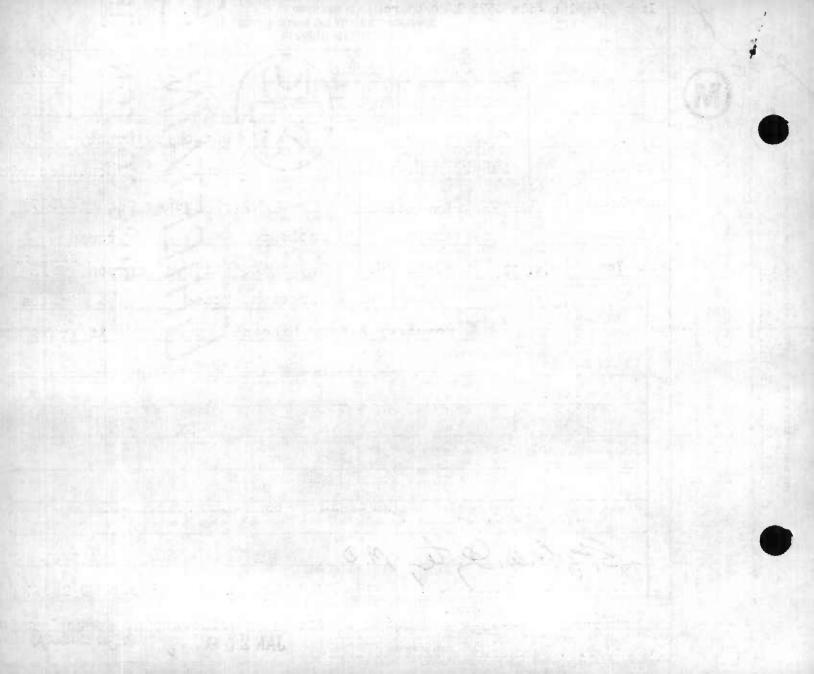


	STATE REGISTRAR		DEPARTMENT OF HEAL' DICAL EXAMINER'S		DEATIN U	EG. NO.	1 /
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16a. '	WAS DECEASED EVER IN U.S. A YES, NO. OR UNKNOWN) (IF YES, GIV	'E WAR OR DATES)	166. SOCIAL SECURITY NO. 246 28 5024	Shirley Par		DRESS	
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NO	cause (a) stating the <u>unde</u> <u>lying cause lost.</u> PART 2 OTHER SIGNIFICANT CONDITION	(c)	AS A CONSEQUENCE OF	EASE OR CONDITION GIVEN IN PART	1 (a).		
TIFICATION	lying cause lost.	(c)			1 (o).		TOPSY?
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DHMH - 16 50M 1/81 (VRA 15, 4)	24 F	omes, P.	Rober A. Be	t A. F	umphr , Mar	ey Fun	eral 25		256 REGISTRA		Bug.												



1 6	1.	FOR - STATE REGISTRAR		DEPARTA	CERTIF	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 3	0 2 1	8 0
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(DS, 2D1 W. PRESTON ST quires that the deoth cert signed by the ottending. Then please remove corbon to buriol, cremotion, or rer niury, or other troumatic ev	Z	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	(b) DUE TO, C	OR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR COND	OITION GIVEN IN PART 1(0)	
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DHMH - 16 50M 4/B2	24. F	UNERAL DIRECTOR	Jome 451	O Wilson	Blvd.	Arlington CC	E REC'D. BY REGISTRAND	WREGISTRAP SKOPATU	ell.

(VRA 15, 4)

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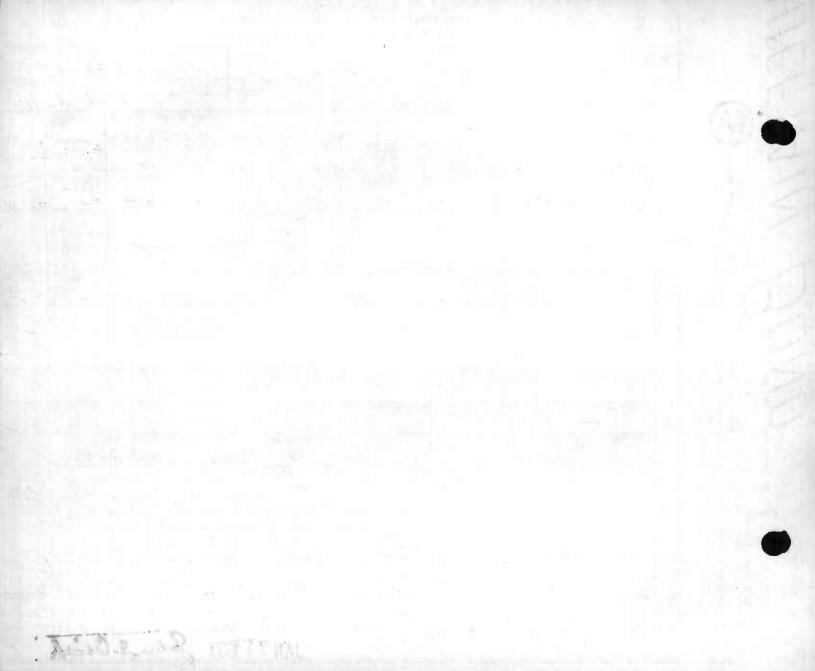
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(VRA 15, 4)

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MATH RATE PAGE DIVISION	-			578-16-39	/5	Dunara		Rock	ville,	Mary.	
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TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNEAL DIRECTOR: PA AFTER DEATH, WITH THE ST	-	(TYPE OR PRINT)	C18 01	MAYLE V	/	ADDRESS 8200 W	ISONS IND	Tur Di	ETHER	4MA	
PAC PACE	23a. B	URIAL, CREMATION, REMOVAL 23		23c. NAME OF CE	METERY C	R CREMATORY	23d LOCATION	1 !	COUNTY .	SIA1	E.
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DHMH - 17	14.1	HOMES, P.A.	BETTERS	MPHKEY FU DA MARVIA	NEKA	ZOO. DATE	REC'D. BY REGISTI	D. REELS	O P	0.7	
(VR A15 ME (5)) 15M 2/80		noneo, r . A.	, , , , , , , ,	211 9 1111111 1 111		UAN	7 1803	John	000	wy	



Homes, P.A. Rockville, Maryland 20850

(VRA 15, 4)

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S. S. Md. 20904

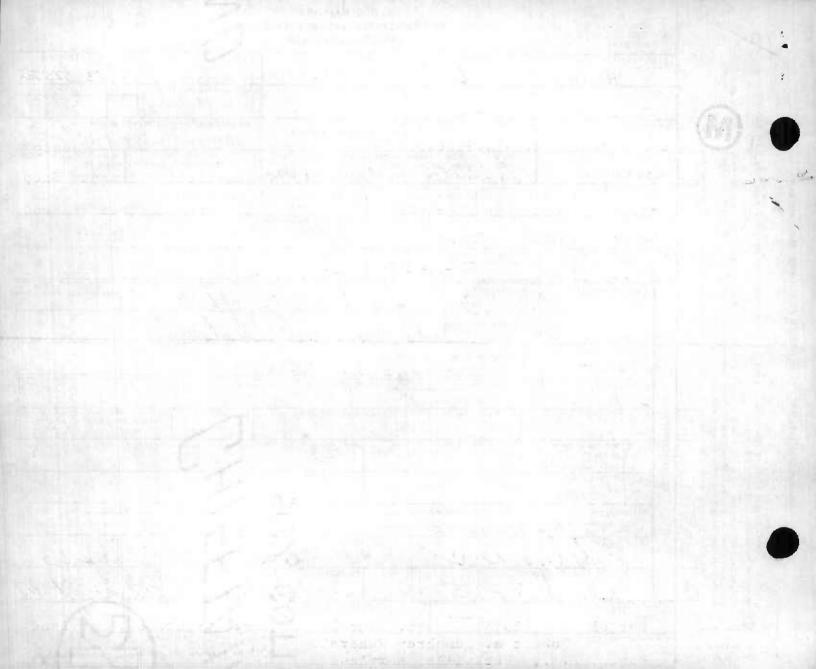
(VRA 15, 4)

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Rockville, Maryland

(VRA 15, 4)

Homes



	1 -	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 3	0	2	8 /	1
		CEASED NAME OR PRINT)	FIRST MARGA	,	N.M.N.)		UNDS	JANUARY 11	1983	YEAR	1:12 a	M
	3. SEX	FEMALE		4. RACE CAUCA	ASIAN	JUNE	24 1906 YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF U	INDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
1	C	RTHPLACE (STATE OR F COTLAND	OREIGN	UNITED	STATES **MARRIE WIDOW!		D NEVER MARRIED DE DIVORCED	9. BALTIMORE CITY O MONTGOMER		DEATH	M	D.
	10 CITY OR TOWN OF DEATH BETHESDA			NAVAI	HOSPITA	ADDRESS)	OR OTHER INSTITUTION	170 USUAL OCCUPATION OF TRANSPORT	ON OF WORKING LIFE) ATION	126 KIND O INDUSTRY U.S.	GOV T.	R
5	MAF	RYLAND		TY COMERY	GIVE RESIDENCE BEFORE 134. CITY OR TOW ROCKVI		13d. INSIDE CITY LIMITS? YES NO X	13013 EVAN	STON ST	REET	20853	}
C			MITH I		LAST		15. MOTHER'S MAIDEN NAME OF THE STATE OF THE	ANN		EARMO	ĴТН	
		VAS DECEASED EVER ES NO OR UNKNOWN) NO					THOMAS L.POU					
		PART I. DEATH W Godifions, if ony, gove rise to imm cause (a), statin underlying cause	which mediate g the	DUE TO, OI		OBSTR	HCTIVE PHLMON			of i we find	MATE INTERVAL ONSET AND DEATH	_
	CERTIFICATION	PART 2 OTHER SIGN 190 DATE OF OPERA JANUARY 6	NOI	19b. CONDI		OPERATIO	NOT RELATED TO THE TERM	200 AUTOPSY? YES YES NO□	20b. IF YES, W IN CERTIFYIN YES	ERE FINDIN	VGS USED	-
	MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIN 21d. INJURY OCCUR!	CAUSE OF DEA CAL EXAMINER)	P.J	M. MONTH DA	AY YEAR 19	216. HOW INJURY OCCURR 216. LOCATION STREET	RED (ENTER NATURE OF INJU		COUNTY	STATE	
		22a. I certify that (I) sow the decease above, (I) (we) (c) 22	(this hospited alive an.	JANUAR	e deceased from Y 11 19 5		IBER 13 , 19 82 and that in (my) (our) opinion of DEGREE	, to JANUARY	. 17.			st
1		22d. PHYSICIAN'S N	AME (TYPE OF	CO Mu		R	1220 ADDRESS	MEDICAL STA	CIAN		AN 1983 COMMAN	

BP. DHMH - 16 50M 4/82

(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

Francis Gasch's Sons Funeral Home, P. . Hyattsville, Maryland

23b. DATE 1/14/83

USNR

Ft. Lincoln Cemetery

23d LOCATION
Entropy or Town
Brentwood

REGION BETHESDA

MD 20814

Maryland

7 Figure 1/11/85 1. Limoth To they Street old 1.0. Maryland Transpire the child and a more i care, i. . fraired, office ter

STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGI

ENE	8	3	0	2	İ	
		REG. NO.				

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	10			
	CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR	
(IVPE	ANDREW	GABRIEL	PRANI	OONI	JANUARY	12,	1983	2:40 AM	
3. SE	X	4 RACE	5 DATE O		6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	
	MALE	WHITE	DEC	MBER 13,1909	73	YRS	MONIHS DAYS	HOURS MIN.	
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.		9. BALTIMORE CITY		Y OF DEATH		
	NEW JERSEY	U.S.A.	WIDOWE	D NEVER MARRIED DIVORCED	MON,	TGOME	RY	MD	
10. CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN			120 USUAL OCCUPAT	ION	126. KIND C	F BUSINESS OR	
	BETHESDA	6006 OVERLEA	ROAD		PHYSICIA	N WORKING LI	FE) INDUSTRY	EDICAL	
13a. S	STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY NTCOMERY BETHES		13d INSIDECITY LIMITS?	13e. SJREET ADDRESS				
		NTGOMERY BETHES	DA		130. STREET ADDRESS 6006 OVE	RLEA I	RD. 20	0816	
14. FA	ATHER'S NAME	MIDDLE	_	15. MOTHER'S MAIDEN NAM			VITONIM	an T	
	PETER	A. PRANDON	1	CARMELA	MEDIE.	2000	VIGNA'		
		RMED FORCES? 166 SOCIAL SECU		17 INFORMANT WIFE			OVERLEA		
	YES 194	2-1952 579-38-	9086	FLORENCE T.	PRANDONI	BETH	ESDA, MI	D. 208i6	
	18 CAUSE OF DEATH Enter o	nly one couse per line for (a), (b), an	id (c				BETWEEN	MATE INTERVAL ONSET AND DEATH	
	PART I. DEATH WAS CAUSI	IF CAUSE (b) CARCTNOM	A OF	COLON WITH HEE	PATIC, PULM	ONARY.	2:	YRS.	
	1539	MMEDIATE CAUSE (0) CARCTNOMA OF COLON WITH HEPATIC, PULMONARY, DUE TO, OR AS A CONSEQUENCE OF AND CEREBRAL METASTASES							
	Conditions, if ony, which	(ib)							
	gove rise to immediate)							
	couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEOU	ENCE OF						
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DE ATH BUT	NOT BELLIED TO YUS YED	Alu Dissission on Colu				
N	PART 2. OTTER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT KELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIV	EN IN PART 10		
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN		
IFIC					YES 🕅 NOT		YING CAUSES	OF DEATH?	
CERT	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURR				140 [24	
	OR CONTRIBUTING CAUSE OF DE								
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJURY	19	21f. LOCATION					
WE	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE F	ARM ETC)	STREET	CITY OR TO	NWO	COUNTY	STATE	
		ottended the deceosed from_		10 75	to JANUARY	12	10 83	that (I) (We) lost	
	sow the deceased alive or	JANUARY 11 19	83	nd that in (my) (ou)Copinion d	, , , ,				
	27b. SIGNATURE	ot view the body ofter death.		DEGREE			72c. DATE		
	20 PC	Parker The			MEDICAL STA	FF.		2/83	
	224. PHYSICIAN'S NAME (TYPE	OR PRINT)		172e. ADDRESS	PHYSIC	IAN [1/		
	E. P. PARI			2015 R. ST.	M II IIA CL	1 D	C. 200	00	
23a B	URIAL, CREMATION, REMOVAL		JAME OF C		1736 LOCATION	10 Do	V. 200	07	
130 B	SPEBURIAL			ON NATIONAL C	TIME CITY OF TOWN	range.	COUNTY	STATE VA.	
	DOMETIME	11			ARL	MGTON		VA.	

DHMH-16 50M 1/81 (VRA 15, 4)

BP.

retained by the hospital or attending physician

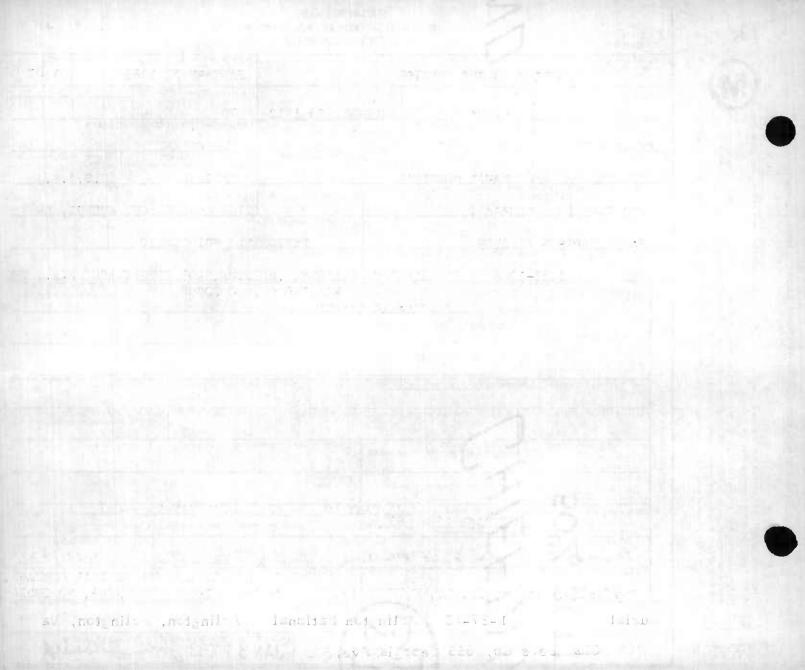
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

CONN. AVE. N.W. # 940, WASH.

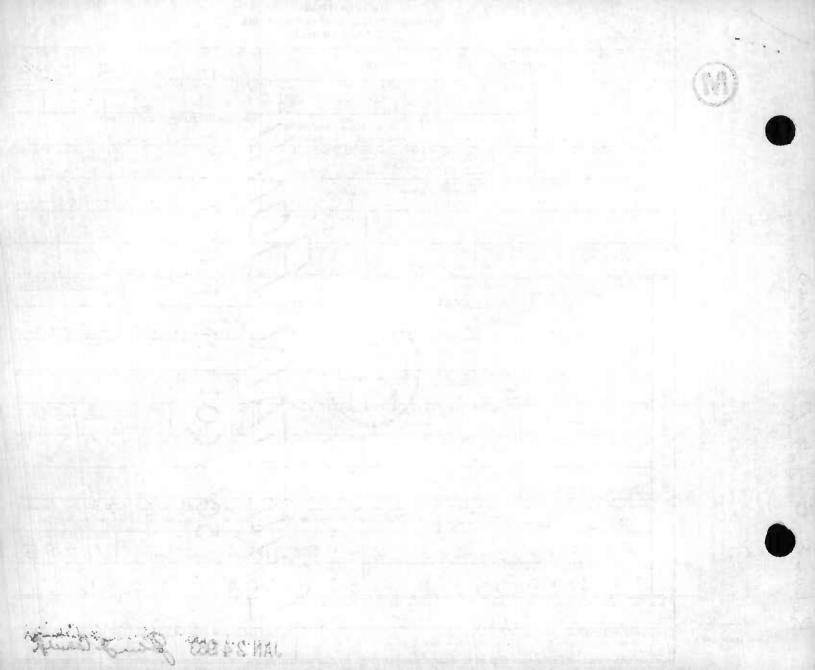
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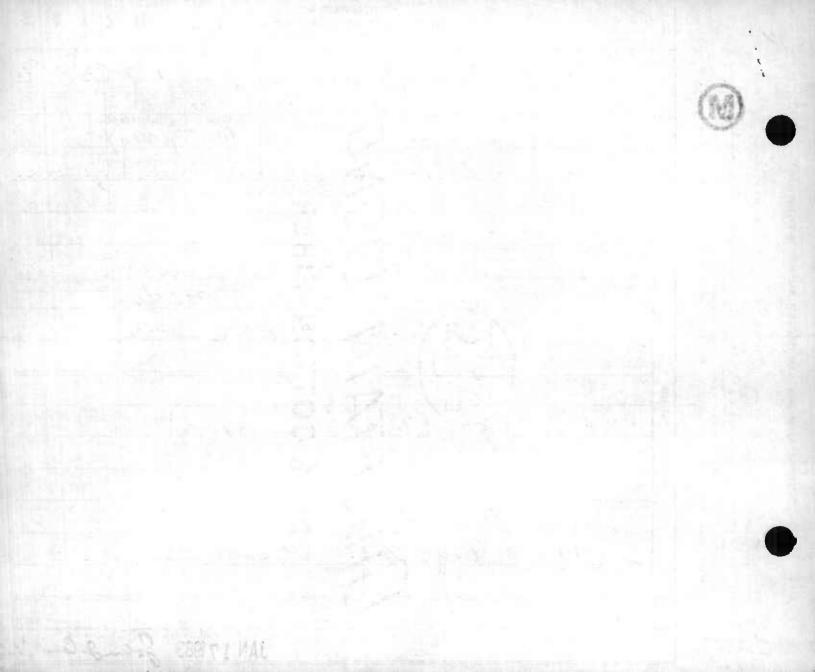
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 26. DATE OF DEATH 2h HOUR 1. DECEASED NAME TYPE OR PRINTS Gertrude A. Price AGE | IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR SEX 4 RACE 5. DATE OF BIRTH ,95 F DAYS W 18 94 To BIRTHPLACE I STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XXNEVER MARRIED WASHINGTON. D. C. U.S.A. WIDOWED DIVORCED Montgomery Co. 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Bethesda (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Suburban Hospital HOUSEWIFE USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION N.26. COUNTY 13e. STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 3605 EAST WEST HIGHWAY MARVIAND MONTGOMERY CHEUV CHASE 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE MIDDLE HOLTMAN TOHN OUTNN ANNA ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT LYES NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES! 579-40-8968 SAME AS 13 HUSBAND NO HERBERT W. PRICE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOIS NO F 216 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IE FITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE IAT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 226 I certify that (I) (this hospital) attended the deceased from , and that in (my) (ear) opinion death accurred on the date and hour and from the causes stated sow the deceased alive on obove, (I) (see) (did) (did not) view the body after death. 226 SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS MPORT, 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b DATE OLIVET CEMETERY WASHINGTON. BURTAI FRANCIS J. COLLINGRESS DHMH-16 30M 2/80 (VRA 15, 4) 500 UNIV. BLVD. W. SILVER SPRING. MD. 20901

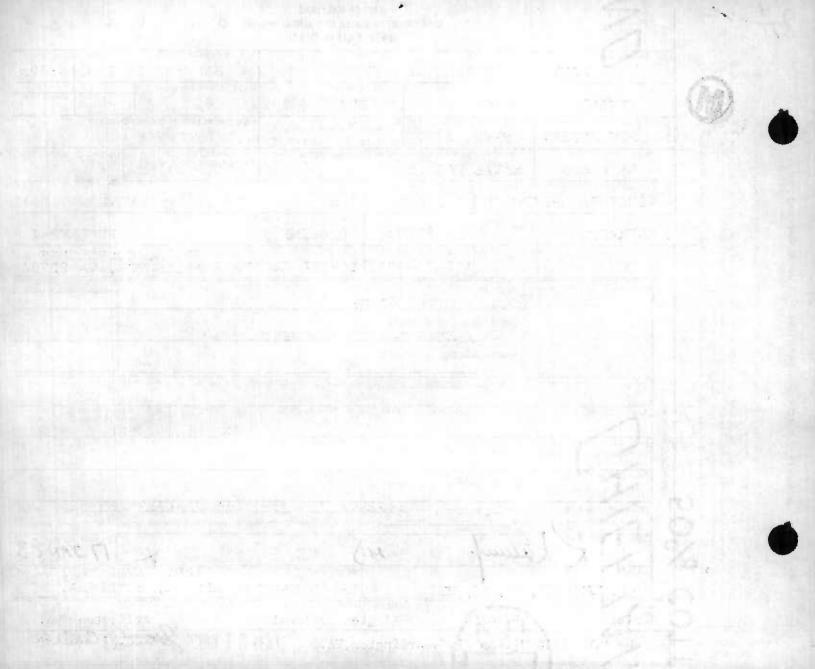


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DHMH-16 30M 2/80 (VRA 15, 4)

	1 -	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENE B S	0.	2	9 2
		CEASED NAME PRST	MIDI	DLE	0 1	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	3441)	CAPRINT) RALOK) Fr	ancis	KA	Edu		1	8 82	12 45 PM
	3 SEX	X	4 RACE	ancis	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
		Male	Caucasi	an	Marc	2h 11,1913	69	YRS.	MONTHS DAYS	HOURS MIN
4		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH		8	-	9. BALTIMORE CITY C		Y OF DEATH	
1		shington,DC	United	States		NEVER MARRIED DIVORCED	MONTO	nns	ERY	140
		Y OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING	G HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATA	ON	1/26. KIND OF	BUSINESS OR
0	B	EMESIA. AL RESIDENCE (IF NURSING HOME OR	S (L	UR DA	DDRESS)	VOSPITAL	U.S.Mars			Gov't.
	13a S	TATE 136 COUN	NTY 13	CITY OR TOWN	1	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
0			gomery	Rockvi1	le	YES X NO []	4 Monro	Sti	eet (2	0850)
7	14. FA		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE		LAST	
			ymond	Raedy		Mary	Α.		Cost	ello_
		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16 E WAR OR DATES)	b. SOCIAL SECUR	RITY NO.	17. INFORMANT	151	ob Sp	ringfi	eld Rd
	Ye			78-07-9	891	Charles F.	RaedyDarr	nesto	own, MD	20767
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per lin	e for (0), (b), and	(c1.)	1		1	APPROXIM BETWEEN ON	ATE INTERVAL
			E CAUSE (o) 1	ASSIVe	MY	o CAROLA (LNTAL	C46	m	
		4149	DUE TO, OR	CONSEQUE	NCE OF.	AOA	n. d	-0-	XIS .	11
		Canditions, if ony, which	((b)	oRen	AR	1 May	THE C	100	2	
		gove rise to immediate couse (a), stoting the	DUE TO OR A	S A CONSEQUE	NCE OF	9				
		underlying couse last.	(c)	0110011020021						
		PART 2 OTHER SIGNIFICANT C	ONDITIONS CON	TRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITIONG	EN IN PART 1(a	
	ō	ALC: COLOR								
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	N FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDING	
	HE	1.7-83	KiGH	+ CA.	Roti	O Spress	YES NO		ES [NO [
7	Ü	210. ACCIDENT WAS UNDERLYING		MONTH DA	V VEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18.	PART 1 OR PART 2)	
/	CAL	OR CONTRIBUTING CAUSE OF DEA			19					
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF	INJURY FACTORY OFFICE, FA	Day 576)	211 LOCATION	CITY OR TO	WN	COUNTY	STATE
	2	AT WORK NOT WHILE AT WORK	(AT HOME STREET,	PACTORY OFFICE, PA	RM, EIC J		1 -			
	- 1	22a I certify that (I) (this hospit	tal) attended the d	eceosed fram	1: 4	· A 19.85	, to / 1 8		198 , 11	not (I) (we) last
		saw the deceased alive on	l) view the trady offi	er death	5 , on	d that in (my) (aur) apinian o	death accurred on the d	ate and ho	ur and from the co	ouses stated
1		226 SIGNATURE	. /1/	or down.	3- 1	DEGREE			22c. DATE S	IGNED
	and all	L - W/DO	PA Ilu	NB,	M-	ATTENDING PHYSICIAN	MEDICAL STAL	IAN 🗌	1/8/	83
٦		224 PHYSICIAN'S NAME THE O	MAL	07		22e ADDRESS			208	
		/L. A11	berto Nu	inez. M	.D.	8218 Wiscon	sin Avenu	e Re		MD MD
	23o. B	URIAL CREMATION REMOVAL	236. DATE TO	23c. N.		EMETERY OR CREMATORY	23d. LOCATION	L DE	LHESUA	11111
	(5	Burial	12, 19		e of	Heaven Cer	m Silver	Spri	no. Ma	ry 1 and
		NERAL DIRECTOR Rober			une	cal Home & DAI	E REC'D. BY REGISTRAR	25b. RE	TRAR'S SIGNATU	PE
			ille, M			P.A.	IAN 171983	to	and (sheet,





1	STATE OF MARYLAND	1 0 3
1	1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3	1 4 4
- 1	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
1.1	DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH	DAY YEAR 75 HOUR
	(TYPE OR PRINT) OF ESTI-	103
	John Edward Kasan DEATH MATED Jas	26 19 62 p. M
3 3	SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1/2 R. IF UNDER 24 HRS. 2c. DATE MONTH A DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	DAY MEAN 2 HOUR
	MONTH PAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED DEAD Jan	1 82 103
1 10	BIRTHPLACE (STATEOR TYCTITY OF WHAT COUNTRY?	IN W
417	FOREIGN COUNTRY) MARRIED DNEVER MARRIED	IT OF DEATH
11	D.C U, S./T WIDOWED DIVORCED UN ON TOO	mery MD.
7/10	8. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPREF WORK	126 KIND OF BUSINESS OR INDUSTRY
11	To the Bold of the NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE FOR MOST OF WORKING LIF	FED. GOVT
106	BLAL RESIDENCE (IF IN NURSING JOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	10 63 0
	STATE 13 COUNTY 13. CITY OR TOWN 13. INSIDE (ITY LIMITS? 13. STREET ADDRESS	°185
5	And Prince Resirans Adelphi VEST NOU 103/8 Actie	4 62nc
14	4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME	
160	PHILLE T REGAL FRST 4 VRA MIDDLE	VOIGT
~ V		0100
2 160	LYES, NO, ORGINKNOWN) LIFEVES GIVE WAR OF DATES)	
1	NO 577-42-4481 MILDRED M REGION	
	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL
1	PARTIDEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
Š	129 IMMEDIATE CAUSE (a) CONTROL OF CONTROL O	
Q	DUE TO, OR AS A CONSEQUENCE OF	
REA	Conditions, if ony, which gave rise to immediate (b)	
č	couse (a) stoting the under DUE TO, OR AS A CONSEQUENCE OF	
	lying cause lost.	
	(c)	
	PART 2 OTHER SIGNIFICAN CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10.	
3	5 / Vana	
	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
AND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR AM MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR P	YES NO NO
2	216 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART 1 OR P	
5 3		
Š S	CONTRIBUTING CAUSE OF DEATH P.M. 19	
8	UNDERLYING ON CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN CO	DUNTY STATE
2	WHILE AT WORK AT WORK	DUNTY STATE
21	TO T	
9	22a. I certify that I took charge of the remains described above, held on Autopsy Inspection linguity ond in my o	pinion
TWORE, MARYLAND, 21201	death resulted from: Natural causes Accident . Suicide . Hamicide . Undetermined manner .	
9	TITLE (SPECIFY)	
3	ACTUAL DATE	Ja- 11982
mi -	SIGNATURE MEDICAL EXAMINER SIGN	007/100
5	EXAMPLES NAME	
37	BE OF PRINT	
2 7	THE BURIAL CREMATION, REMOVAL THE DATE THE NAME OF CEMETERY OR CREMATORY THE LOCATION	inger (2007a) (2007a)
	Burget Del 1987 Port al le eva Oberte Delle Lagran	MIL
- 10	14 FUNDERAL DIRECTOR 184 REGISTRAR TO REGISTRAR TO REGISTRAR'S	SIGMATURE
7	A PUDERAL DIRECTOR SADDRESS ADDRESS AND ALL OF LAND 5 1983	- Cabrill
(5))	TREMA THERE 25 CARREL DL NOT VC	The state of the s
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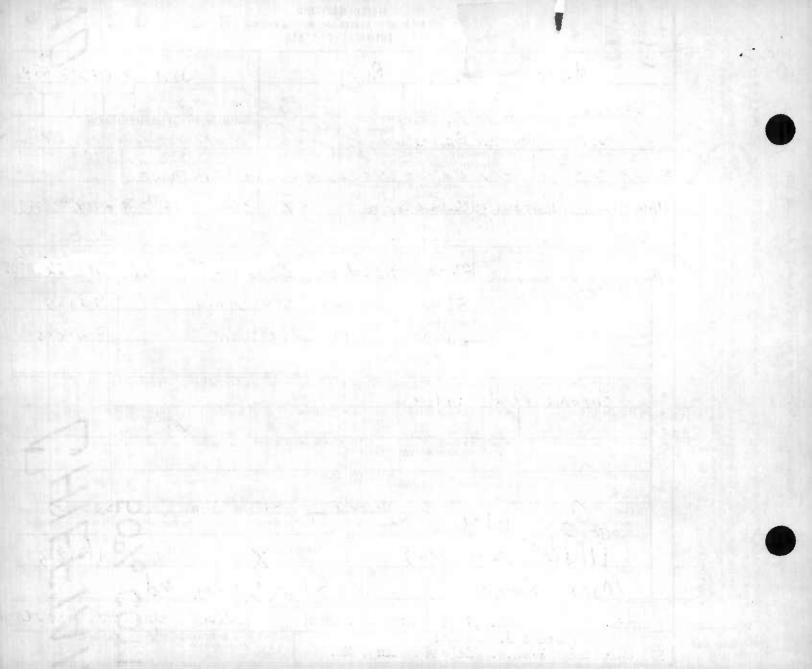
Capitol Funeral Service, Falls Church, Val. JAN 10

DHMH - 16 50M 4/B2

(VRA 15, 4)

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	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8	S REG. 1	NO.	0	2	areas .	9	1
MIDDLE .	RENDINE	20 DATE OF	DEATH	нтиом	114	18	AR 3	26 HOL	IR HOAM
MT S	5. DATE OF BIRTH		EARS LAST E	SIRTHDAY)	MON	INDER I	YEAR	IF UNDER	24 HRS MIN.

REGISTRAR I. DECEASED NAME TYPE OR PRINT SEX White Female 1917 To. BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Pennsylvania U.S.A. Montgomery County WIDOWED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 17b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE)
Housewife INDUSTRY Rockville Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 13b. COUNTY 13c. CITY OR TOWN 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 109 N. Grandin Avenue 2080 Rockville Maryland Montgomery YES X NO F 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Hartz Olga UNKNOWN UNKNOWN ADDRESS 16b SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 176-03-1699 Same as items 13a-e Patrick D. Rendine 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1160 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOL YES T NO [210 ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY OFFICE FARM, ETC 1 NOT WHILE WHILE 22a.1 certify that (1) (this haspital) attended the deceased from. , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased plive on above_(I) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME 23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/82 (VRA 15, 4)

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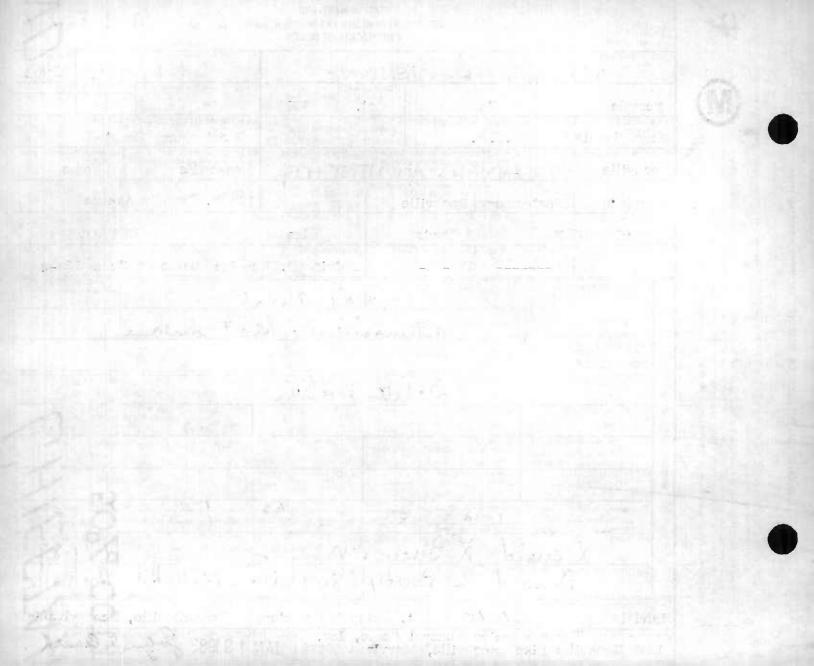
23a. BURIAL, CREMATION, REMOVAL

Burial

¹⁴ FUNERAL DIRECTOR Tyson Wheeler Funeral Home, Inc. 1331 Rockville Pike Rockville Samueland 20852

23b. DATE 1/18/83

Connellsville, Pennsylvania St. Joseph's Cemetery



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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20 DATE OF DEATH 2h HOUR LIYPE OR PRINT CLARA 83 EUTER 4 RACE 5. DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAYS IF UNDER I YEAR WHITE FEMALE 1897 85 BIRTHPLACE ISTATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY U.S.A. MONTGOMERY CO. MISSOURI WIDOWED DE # CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 176 KIND OF BUSINESS OR EMPLOYMEN T-MANAGER----Kockville ROCKVILLE Adventist USUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION OUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? BALTIMORE BALTIMORE MARYLAND YES A NO F 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST FIRST LOUISE MEYER CHARLES HAGEMEYER ADDRESS 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ROCKVILLE, MD. LYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 577-84-1644 REV. DR. RICHARD REICHARD-9701-VEIRS DR. NO 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: MIRAMICI MONTHS IMMEDIATE CAUSE (o A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20g AUTOPSY3 N CERTIFYING CAUSES OF DEATH? NO [210. ACCIDENT WAS UNDERLYING 216 TIME OF IN IURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 71e PLACE OF INJURY 21f LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE F MAR S PARKED AT EAST 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did raid not) view the body offe 77h SIGNATURE DEGREE 77c DATE SIGNED MEDICAL 1-3-1983 PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S MAME ITYPE OR PRINT 22e ADDRESS OLNEY-SANDY SPRING RD., OLNEY, MD. DR. THOMAS DOOLEY

23c. NAME OF CEMETERY OR CREMATORY

GRACELAWN MEM.PARK

DHMH - 16 50M 1/B1 (VRA 15, 4)

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24 FUNERAL DIRECTOR HYSONG COMPANY, INC .- 1300-N ST. NW

23b. DATE 1-5-1983

230 BURIAL CREMATION REMOVAL

BURIAL

WASH., DC

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR

23d LOCATION

NEW CASTLE.

DELAWARE

L. P. KIRST OF

	1.	FOR STATE REGISTRAR		DEPART	STATE OF N MENT OF HEALTH CERTIFICAT	AND MENTAL HYG	IENE 8 3	NO.	121	9
		CEASED NAME FIRST	01	RENC	E RIC	Н	20. DATE OF DEATH	MONTH	DAY YEAR 10 83	26 HOUR
35	3. SE	Male	4 RACE White		5 DATE OF BIRT April	H 15 1907	6. AGE (IN YEARS LAST B	YRS.	MONTHS DAYS	IF UNDER 24 H
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10		Bethesda	Bethesda	Retiren	nent Cent		126 USUAL OCCUPA (TYPE OF WORK FOR MOST Retired U.	OF WORKING LI	FEI INDUSTRY	y Dept.
35	N	laryland M		Bethese	a 13d In		13e. STREET ADDRESS 8805 Gr	ant Str	reet 20	817
50		ATHER'S NAME FIRST Alfred	Sanborn	Rich	n	OTHER'S MAIDEN NA FIRST Martha	MIDDLE		Brac	
e medico	(WAS DECEASED EVER IN U. (YES NO OR UNKNOWN) (IF Y	S. ARMED FORCES? ES, GIVE WAR OR DATES)	217-42		Gladys R.	Rich same		3e	
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ar other troumatic		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse los	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUE	ENCE OF	iosoles	the Cen	ebral		
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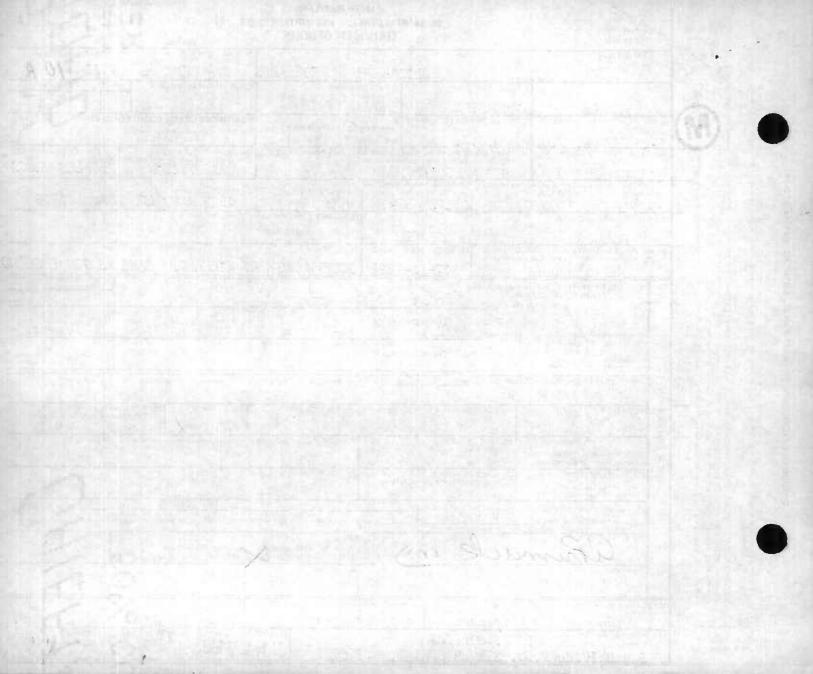
^{14 FUNERAL DIRECTOR}
NAME Tyson Wheeler Funeral Home, Inc.
1331 Rockville Pike Rockville, Maryland 20852

250. DATE REC'D. BY REGISTRAR REGISTRAR'S SIGNATURE

JAMES CLARENDE RICHER MENTE LE DINO SENTE Comback Rowers Control of the contro - 1-10-83 F-15 - 72 phony 10 83 - -Y -3 3 BETRESDA NID 20514 ENFRENT S

500 UNIV BLVD. W. SILVER SPRING, MD. 20901

(VRA 15 (41)



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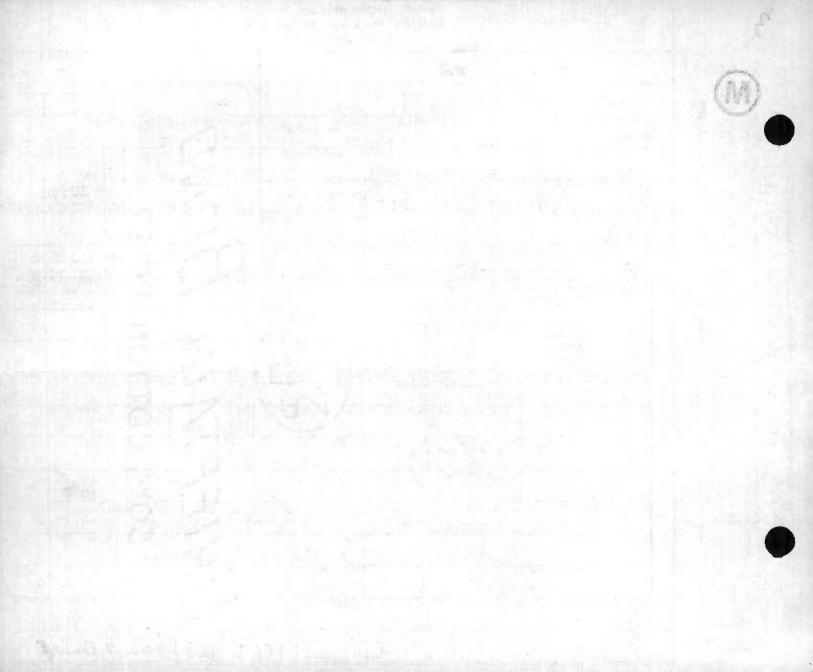
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	CEASED NAME	FIRST		MIDDLE		AST	26. DATE OF DEATH		YEAR	26 HOL	UR D
		ILLIAN	1 HENRY	ROSS, JR			JANUARY 2			6:3	//
3. SE	X	4				OF BIRTH	6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	HOURS	R 24 HRS
	MALE			ASIAN	FEBR	UARY 28 1930	52 _{YRS.}			189	
4	IRTHPLACE (STATE OR FO COUNTRY) MICHIGAN	OREIGN 7	UNITED STATES WID			D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH MONTGOMERY				
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13a. S	AL RESIDENCE (IF NURSI STATE RGINIA	134. COUNT	RE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) DUNTY 13c. CITY OR TOWN LINGTON ARLINGTON			YES X NO	130. STREET ADDRESS 4178 NORTH	39th 8	STREET	999	99
14. FA	ATHER'S NAME FIRST	M	MIDDLE LAST			15. MOTHER'S MAIDEN NA	MIDDLE		LAS	51	200
	WILLIAM H			T		EDNA ELIZABE	TH HINKLEY	cc			
	WAS DECEASED EVER I	(IF YES GIVE	WAR OR DATES	166 SOCIAL SECU		17. INFORMANT) +1- CT	10 PPR	n
	YES	1952-	2-1973 373-28-1120 ELIZABETH only one cause per line for (a), (b), and (c). ARLINGT					OKIH 39	9th STREET, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
CERTIFICATION	PART 2 OTHER SIGN 19a. DATE OF OPERAT	IIFICANT CO				NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YES, W	WERE FINDIN	NGS USE	TH?
CERTI	21a. ACCIDENT WAS UND		21b. TIME C		AV VEAD	YES X NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN I			YES K NO		
MEDICAL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE ATWORK				19 ARM, ETC)	9 2H LOCATION					STATE
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	226. SIGNATURE	ong	to to	emy			MEDICAL STAF	IAN		TAN	83
1	K. KARVEL			USNR		NATIONAL CAPI	HOSPITAL,	NAVAL N BETHE:	MEDICA SDA, M	AL CC)MMA)814
23a. I	BURIAL, CREMATION, I		23b. DATE Jan.5,	The second second		emetery or crematory on National C	23d. LOCATION CITY OR TOWN em. Arlingto	on Vir	county cginia	l	STATE
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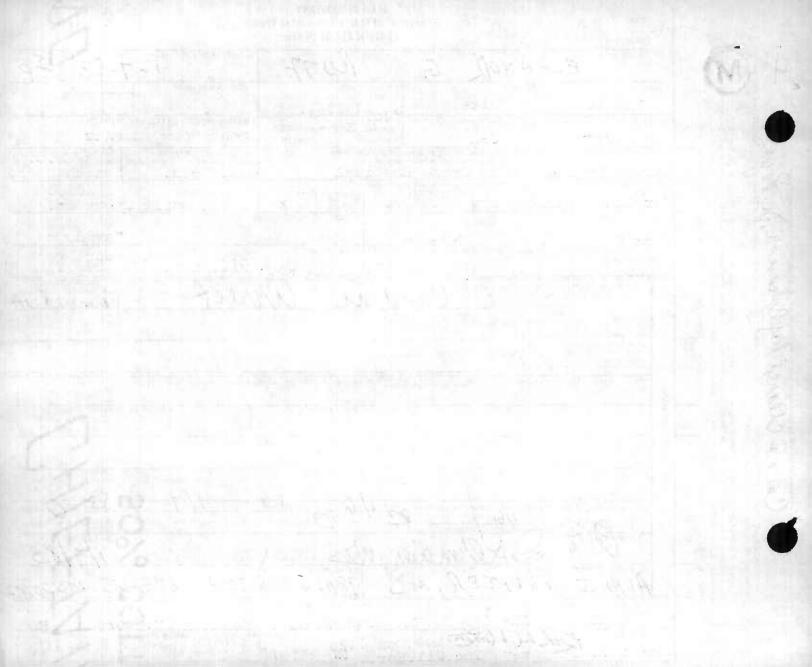
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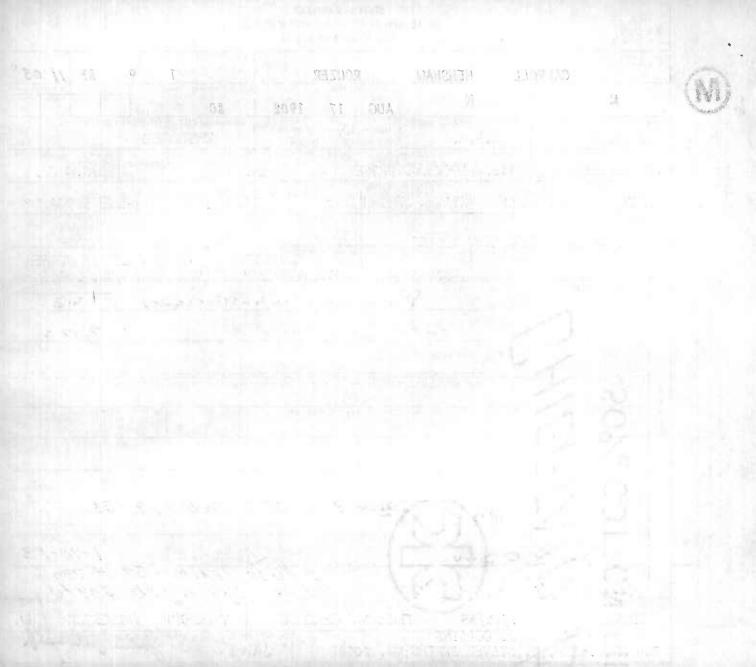
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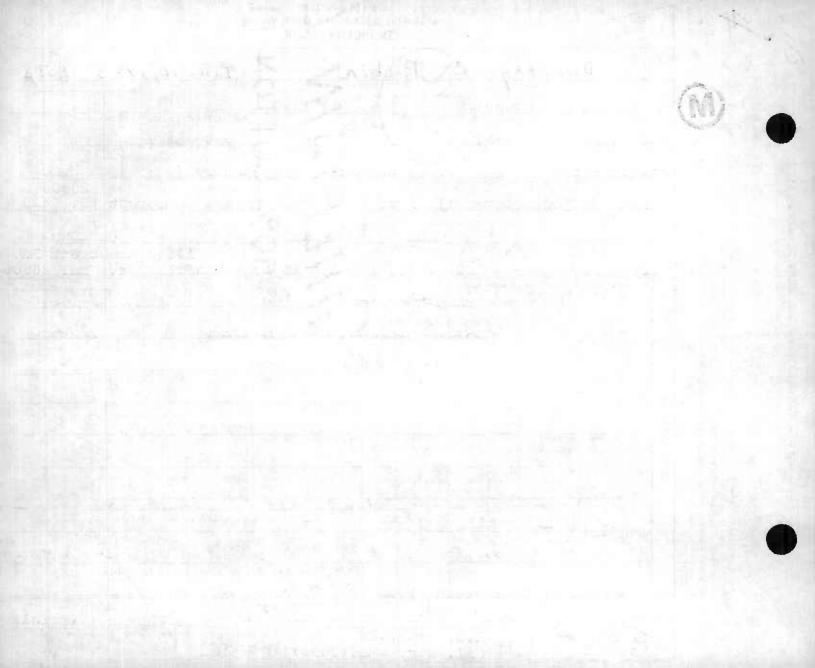
B	1.	FOR - STATE REGISTRAR		DEPART	STATE OF MA MENT OF HEALTH CERTIFICATE	AND MENTAL HY	GIENE 8 3	0 2	203
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orth. Perol d		IRTHPLACE (STATE OR FOREIG COUNTRY) STRIA		F WHAT COUNTRY	MARRIED L N	EVER MARRIED		OR COUNTY OF DEAT	Н
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makri ond 2 s) 14, F.	BERYL	MIDDLE	SCHECH		THER'S MAIDEN NA TIRIAM	AME MIDDLE	(UNKN	OWN)
Do ond co	I fa	WAS DECEASED EVER IN U. YES, NO OR UNKNOWN! (IF Y	S. ARMED FORCES ES, GIVE WAR OR DATES)			RLES B. R	Pôto OSSLER:1130	Mac, Maryl 4 Broadgre	en Drive:
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		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUGE (IF EITHER NOTIFY MEDICAL EXA	OF DEATH HOUR	OF INJURY A.M. MONTH P.M.	YEAR	OW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART I OR PAR	T 2)
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TO HOSPITAL (retained by the should be deto with the State I MAPORTANT: If		226. PHYSICIAN'S NAME	RAY MON	D BAS	3	929 Feri	ara es	Wheaton Po	1. 20506
		BURIAL, CREMATION, REMO			NAME OF CEMETER		23d. LOCATION CITY OR TOWN	COUNTY	STATE
BP	24.5	BURTAL UNERAL DIRECTOR DAN	JAN 2		ING DAVID MORIAL CH			UCH: FAIRFA	X:VIKGINIA
DHMH-16 30M 2/80 (VRA 15, 4)		170 Rockville						John 2	Coming



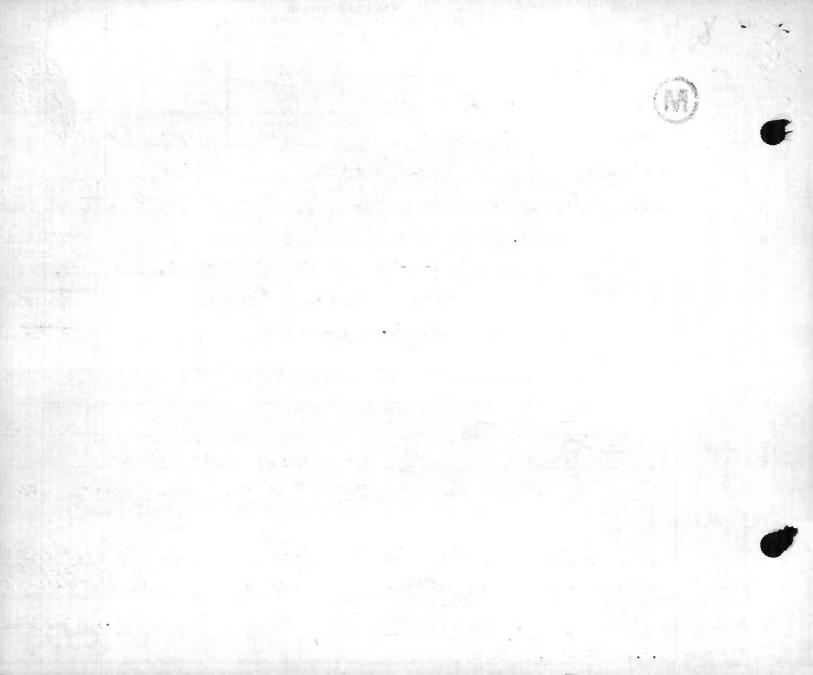
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH ELEANOR (TYPE OR PRINT) 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH Female White 2-29-1933 YRS 70. BIRTHPLACE I STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Montgomery Countu New Jersey USA DIVORCED WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Silver Spring Holy Cross Hospital Health Dept. Lab. Tech. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 20903 131 COUNTY Sil.Spr. 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Montgomer Maryland 10411 Burnt Ember Dr. NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Davidson Gochman Oscar Ruth 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO Burnt Ember Dr. 17. INFORMANT (IF YES, GIVE WAR OR DATES) 140-26-7977Marvin Roth Spr., no 18. CAUSE OF DEATH (Enter only one cause per line for (6), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOU YES NO [710 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREEJ, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that () (this haspital) attended the deceased from (my (our) opinion death occurred on the date and hour and from the couses stated and that Idid I did not view the body after death. 22b. SIGN DEGREE ATTENDING . MEDICAL should be deto with the State IMPORTANT: I FUNERAL PHYSICIAN DIRECTOR PHYSICIAN 230. BURIAL CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN Burial 1-9-83 Mt. Lebanon Cem Adelphi Pr.Georges MD 24 FUNERAL DIRECTOR 25a. DATE REC-D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Pag.Box 7428 DHMH - 16 50M 4/B2 Warner E. Pumphrey, Inc. Sil. Spr. (VRA 15, 4)







STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO. DECEASED NAME 20. DATE KNOWN A MONTH (TYPE OR PRINT) ESTIearl DEATH MATED 6 AGE (IN YEARS IF UNDER 1 YR. 4. RACE IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED April 16,1918 DEAD CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNT NEVER MARRIED Nebraska United States DIVORCED IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Housewife Hospital Zip Code: 20815 13b. COUNTY 13d INSIDE CITY LIMITS? MONTGORIERY CHEUV CHISE 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDOLE MIDDLE John Howarth Jones Pear1 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRES97111 45th Street 16b. SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) 577-90-5468 Louis Rubin (Husband), Chevy Chase, MD 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: FAILURE EPATO DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which LCONOGISHA pave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BUR YES NOL 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF HIJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH COLLA 21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY STREET, FACTOBY, FARM, ETC.) NOT WHILE AT WORK AT WORK 22a I certify that I took charge of the remains described above, held an Autapsy Inspection and in my opinion Natural causes Undetermined manner FUNERAL DIREC EXAMINER'S NAME AFTER I 0 January 234, NAME OF CEMETERY Burial Randolph City Cemetery Randolph Cedar Co. Nebraska 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes. 250. DATE REC'D. BY REGISTRAR **DHMH-17** Bethesda, Maryland P.A. . (VR A15 ME (5))



	1.	FOR		DEPARTM		E OF MARYLAND EALTH AND MENTAL HYG	HENE 8 3	0 2	208
		REGISTRAR				ICATE OF DEATH	REG. N	0043794	
)		CEASED NAME FIRS	ī	MIDDLE	l	AST		MONTH DAY YEAR	26. HOUR
1	CIAN	RAY	OVERT	ON	INAZ	ERS	JAN	29 1983	2000 P
à	3. SE		4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		AR IF UNDER 24 HRS
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. of h		sow the deceased ali- above, (I) (we) (did) (d	ve on lid not) view the body	after death.	, 01	nd that in (my) (our) apinion	death accurred on the de	ote and hour and from t	the couses stated
with the State Dept IMPORTANT: If then		226. SAGNATURE	- Chan	X	M		MEDICAL STAI		ATE SIGNED
he St		226. PHYSICIAN'S NAME (Ot, John	Cle	Me. ADDRESS			
A PO		CHARLES CH		· · · · · · · · · · · · · · · · · · ·		NAVAL HOSPITA		MD-	
, 2	BL	BURIAL, CREMATION, REMO (SPECIFY) IRIAL	02-01			N CEMETARY		VIRGINIA	
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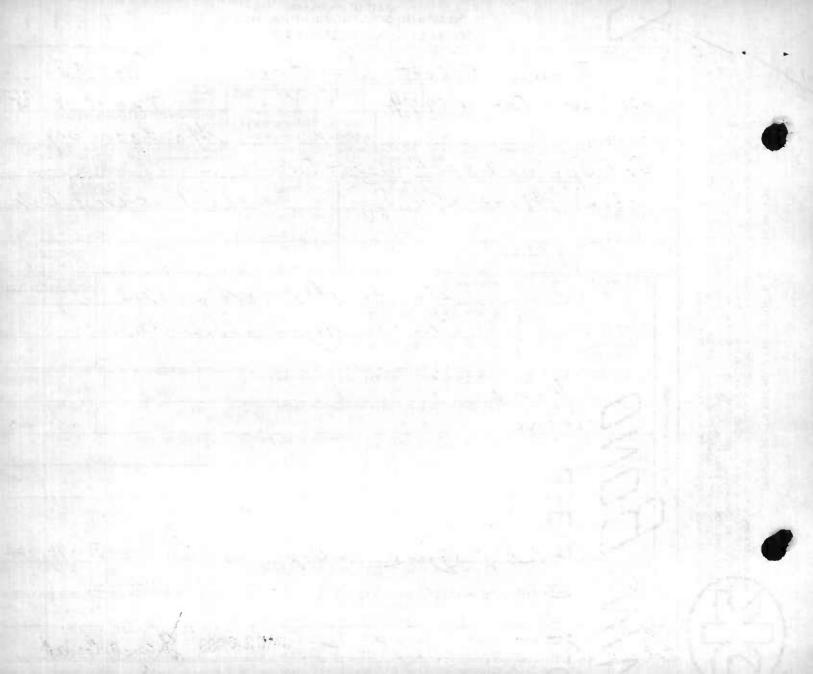
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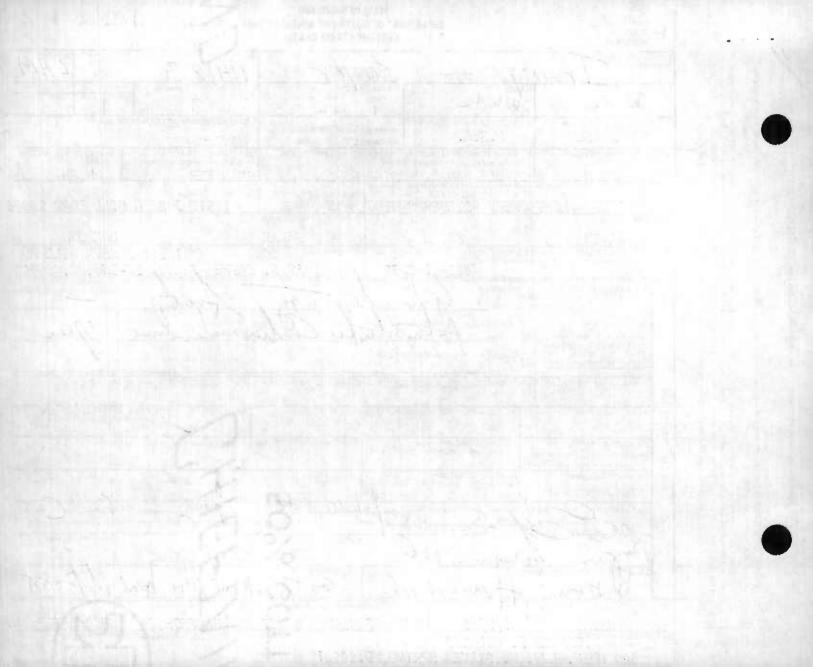
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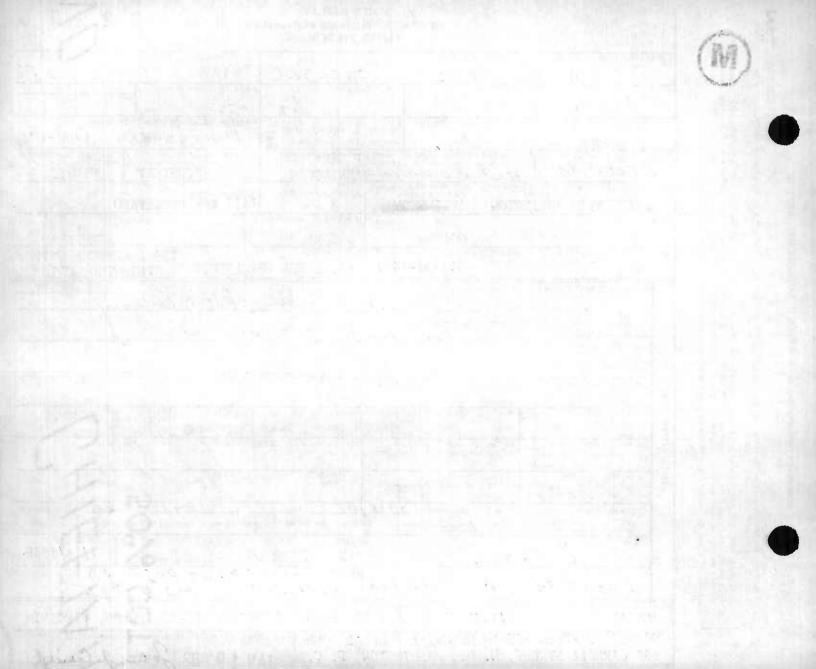
The way to be the third of the state of the same of the

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN CMONTH (TYPE OR PRINT) ESTI-John DEATH MATED 4 RACE IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED DEAD 9 BALTIMORE CITY OR TO BIRTHPLACE (STATE OR NEVER MARRIED FOREIGN COUNTRY WIDOWED A DIVORCED O CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR INDUSTRY 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Retired S COVIT UAL RESIDENCE (IF IN N 3a STATE 13d INSIDE CITY LIMITS? 13e. STREET ADDRES 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST John Alice Sanford Wasson 17 INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO Syracuse I HE YES, GIVE WAR OR DATES! WWII 216-44-7732 Kenneth Panama City 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND AT PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF USED AS A BURIAL TRANSIT OF HEALTH AND MENTAL HYD Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD "PROGE 4 SHOULD BE FORWARDED TO THE CHIEF! TO FUNKEAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, 20 AUTOPSY? NO F YES | 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 211 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN STATE COUNTY Inspection 228 I certify that I took charge of the remains described above, held on Autopsy and in my opinion Natural couses death resulted from: Accident Homicide Undetermined monner TITLE (SPECIFY) MEDICAL EXAMINER ADDRESS Silver Spring, Maryland OR PRINT S. Rogers, 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY P.O. Box 7428 JAN 26 1983 BP Cremation **DHMH - 17** ADDRESS (VR A15 ME (5)) Inc. Sil. Spr Md Pumphrey 20M 4/B2

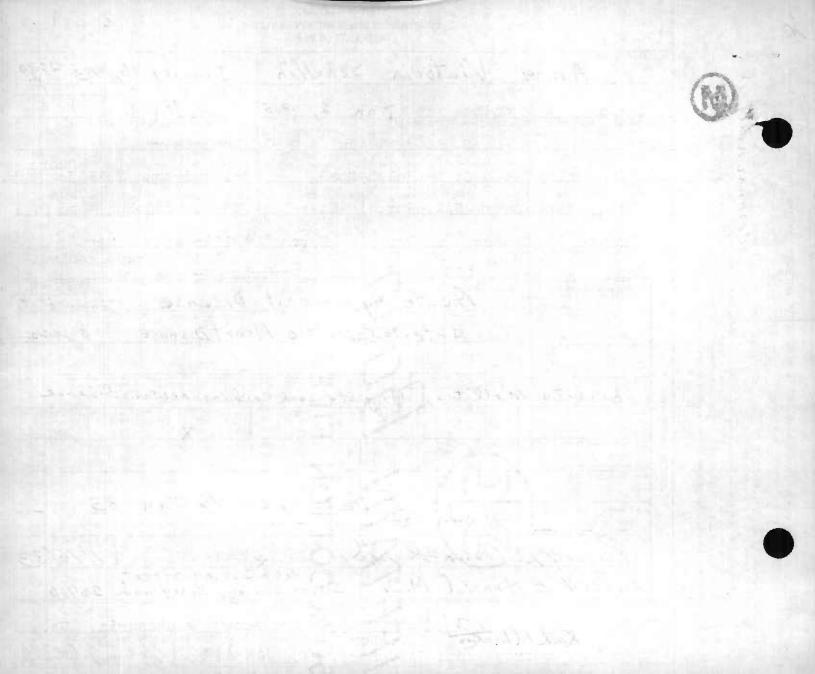


	1-	FOR STATE REGISTRAR		DEPART		CATE OF DEATH	GIENE O O	0	la la	1 4
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	1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH		0	2 2	2 4
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福龍 村门		RTHPLACE (STATE OR FORE	7b	CITIZEN OF WH	AT COUNTRY	MARRIEI	NEVER MARRIED			OF DEATH	1624
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The low reicion. The hos been sit permit. Grene prior shows any it.	CERTIFICATION	19a, DATE OF OPERATIO	Z	196 CONDITIO	N FOR WHICH	OPER MOI	N WAS PERFORMED	200 AUTOPSY? YES □ NO	IN CERTIF	, WERE FIND YING CAUSE	INGS USED S OF DEATH?
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O Sho O Sho	23a. E	URIAL, CREMATION, REA		23b. DATE			METERY OR CREMATORY	CITY OF TOWN	4	COUNTY	STATE
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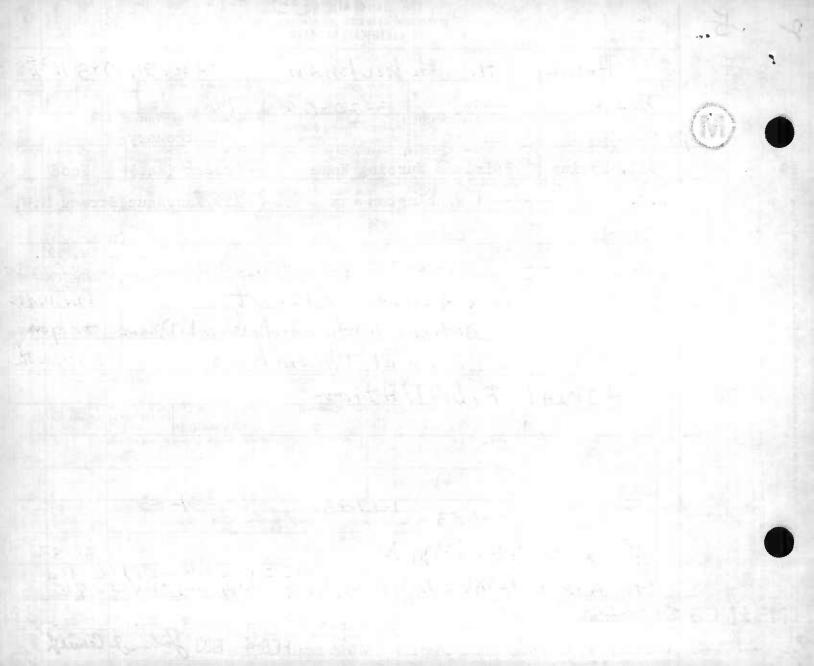


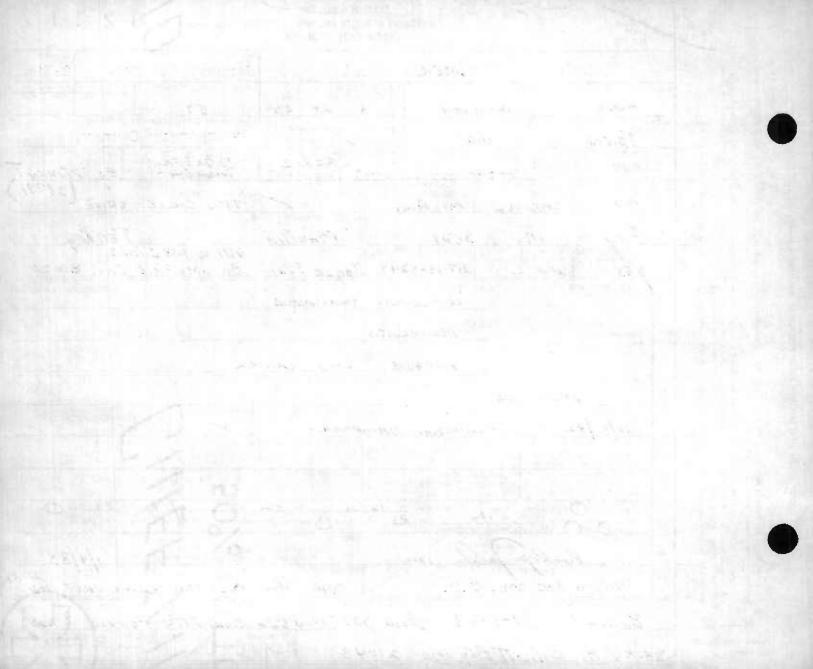
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH YEAR 2h HOUR I. DECEASED NAME (TYPE OR PRINT) January 18, 1983 John Schnaar 2:01a M A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 5 DATE OF BIRTH 4. RACE 3. SEX MONTHS DAY5 HOURS. 1892 White December 27. Male BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY Montgomery United States Russia WIDOWED 12b. KIND OF BUSINESS OR IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) NDUSTRY Washington Adventist Hospital Takoma Park DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120 20906 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 113d. INSIDE CITY LIMITS? 13e STREET ADDRESS 1136 COUNTY 13c CITY OR TOWN filled ould b 14508 Homecrest Rd. #416 Maryland Silver Spring Montgomery 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME N MIDDLE MIDDLE Samuelar Sarah Unknown Schnaar ADDRESS 166. SOCIAL SECURITY NO 17 INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 384-18-9657 Minna Schnaar (wife) See Item #13 no APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Acute Non-Lymphocytic Luekemia 2 years DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2. OTHER SIGNIFICANT CONDITIONS CERTIFICATION priar 20b. IF YES, WERE FINDINGS USED 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 70n AUTOPSY? bee 190. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? and Mental Hygiene NOL YES [NO [216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2 210. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINER) P.M bur 21E LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 220.1 confide that (1) (this haspital) attended the eleceased from and that in my (our) opinion death accurred on the date and hour and from the causes stated obbive (1) (we) (did) (did not) new the tody after death 22c DATE SIGNED DEGREE ATTENDING MEDICAL MPORTANT: IF should be deto PHYSICIAN X DIRECTOR PHYSICIAN 22e. ADDRESS 224 PHYSICIAN'S NAME (TYPE OR PRINT) 831 University Blvd. Silver Spring. Md. Lewis H. Dennis, M.D. 0 234 NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY 18 Jan 1983 Lee Crematory Washington, D.C. Cremation DHMH-16 60M 1/73 J. William Lee's sons Co. 300 th 4th St. N.E. (VR A 15 (4)) Washington D.C.

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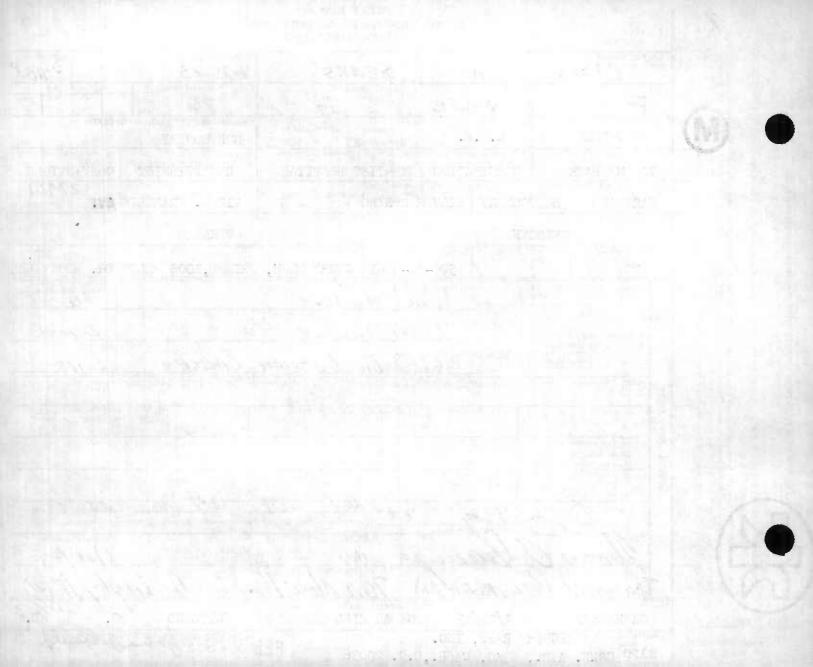
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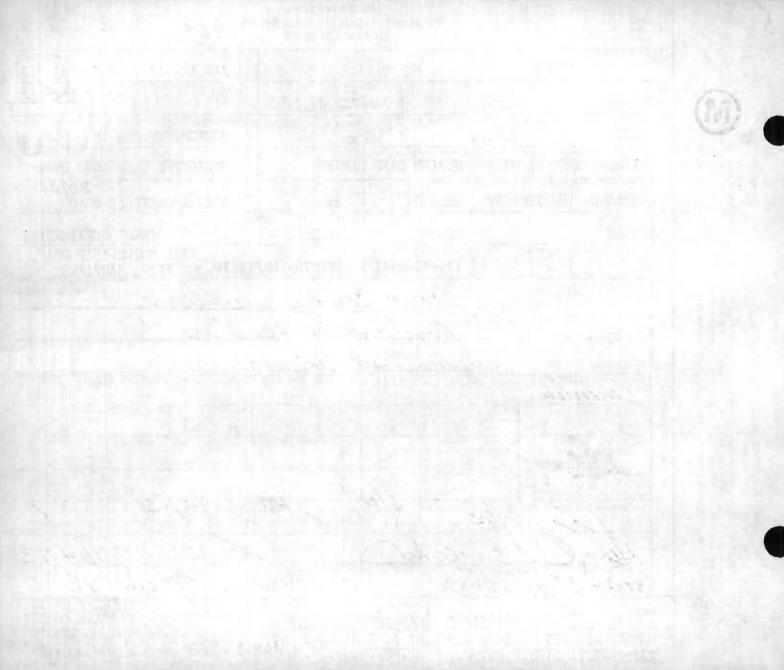




(VRA 15, 4)



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ay be age 3 death		OR PRINT) BESSIE	WIDDLE	SEG	AL	20. DATE OF DEATH M		1983	26 HOUR 11:05AM
ge 4 may	3. SE	EEMALE	4 RACE WHITE	S DATE O	UARY 28, 1890	6 AGE (IN YEARS LAST BIRTH)	MONT	NDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
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ECORDS, 201 W. PRESTON ST w requires that the death cert been signed by the attending is mit. Then please remave carbon prior to burial, cremation, or ren ony injury, or ather traumatic ex-	ATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS FCONS	EOUENCE OF		TRICENSIS	TION GIVEN I		GS USED
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BP		urial, cremation, removal SURTAL			UDA CEMETERY	UPPER DARB	y, DEL	ENNSYL AWARE	.VANIA COUNTY,
DHMH - 16 50M 1/81 (VRA 15, 4)	24 F	DONALDEM. STEIN 232 CARROLL STRE	HEBREW MEMORI	AL FUNE SHINGTO	KAL HUML FA	N 1 7 1983	REGISTRAR	S SIGNATUR	re



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N	1.	STATE REGISTRAR	DEPARI	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	•	4 4 4 4
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may poor	3. SE		4. RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
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h. Poo		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	8. MARRIED 1 NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
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offer of with ed with		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREE		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	
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ND 2 24 ho ould b	13a. 5	TATE 136. COUN		VN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 2617 Colston	D~ 20015
Y is a		THER'S NAME		15. MOTHER'S MAIDEN NA		DI. 20013
E, MARYI	Ha	rry	Shapi	ro Lena FIRST	WIDDLE	Berkowitz
MORE, I	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRESS	
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r, BALT ficate b hysicio popers. novol.		18 CAUSE OF DEATH (Enter onl PART I, DEATH WAS CAUSED	y one couse per line for (a), (b), or			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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or tabi	ō N		NONE			
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Se S		22a. I certify that (1) (this hospit	al) attended the deceased from	MAY 19/	8 10 JAN MAY	9_03, that (I) (ve) lost
ATTEN spitol CTOR: for us of He		sow the reveased alive on obove, (1) (10) (aid) (did not	view the lody after death.	3_, and that in (my) (aut) opinion	death accurred on the date and hour	and from the causes stated
4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		22b. SIGNLATORE	x lan	DEGREE ATTENDING	MEDICAL STAFF	224. DATE SIGNED
		Kewren	ce a pranc	PHYSICIAN)	MEDICAL STAFF DIRECTOR PHYSICIAN	11/21/83
CO HOSPITAL etained by the TO FUNERAL should be detained by the State with the State	45	2d. PHYSICIAN'S NAME (TYPE OF	- 10- 20-	P 22e. ADDRESS	and Com C	5. mg 20910
TO HOSP retained Should be with the Should by with the Should be s	22. 6	LAWILOUG	- MAILCOS	111 0110	123d LOCATION	5.000 20/10
BP	P. 1	URIAL, CREMATION, REMOVAL SPECIFY).		Name of cemetery or crematory udean Gardens	Olney	Mont. Md.
DHMH - 16 50M 4/82	-	INTRALBIRECTOR /			TE REC'D. BY REGISTRAR TO REGISTE	
(VRA 15, 4)	Wa	rner E. Dumpl	ADDRESS	ver. Spr. Md JAN	1261983 John	Je lanely

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME SONA 20. DATE KNOWN MONTH SEMERJIAN (TYPE OR PRINT) emer lian DEATH MATED 4 RACE White S. DATE OF BIRTH IF UNDER 1 YR. DATE LAST BIRTHDAY PRONOUNCED YRS 76. CITIZEN OF WHAT COUNTRY? 7g. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Turkey U.S.A. WIDOWED DIVORCED MONTGOTHER ID. CITY OR TOWN OF DEATH OR INDUSTRY ROCKUILLE Homemaker Home SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTIT 13b COUNTY 136. INSIDE CITYLEMITS? 13e. STREET ADDRESS MINTGOMER GOOD MOT DOW NO [15008 J4. FATHER'S NAME MIDGLE MIDDLE Sarkis urkciyan Anahis Mubahyacivan 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT No Hratch Semerjian. Same as item 13. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 1B. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO **FUNERAL DIRECTOR**: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, IT BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES NO Z 21g. EXTERNAL CAUSE WAS 216 TIME OF INJURY HOUR A.M. MONTH DAY UNDERLYING CONTRIBUTING CAUSE OF DEATH 21f. LOCATION AT WORK NOT WHILE AT WORK 220. I certify that I taak charge of the remains described above, held an Hamicide Undetermined manner MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 1/20/1983 Parklawn Memorial Park Cem. Rockville BP 24 FUNERAL DIRECTOR Joseph Gawler's Sons Inc. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH-17** 5130 Wisc. Ave., N.W. Wash., D.C. (VR A15 ME (5)) 15M 2/80

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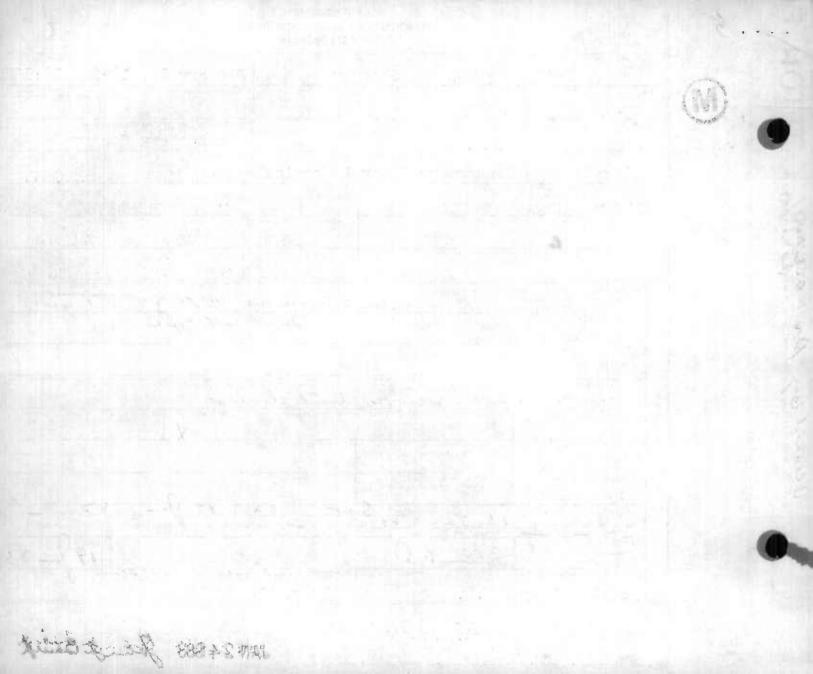
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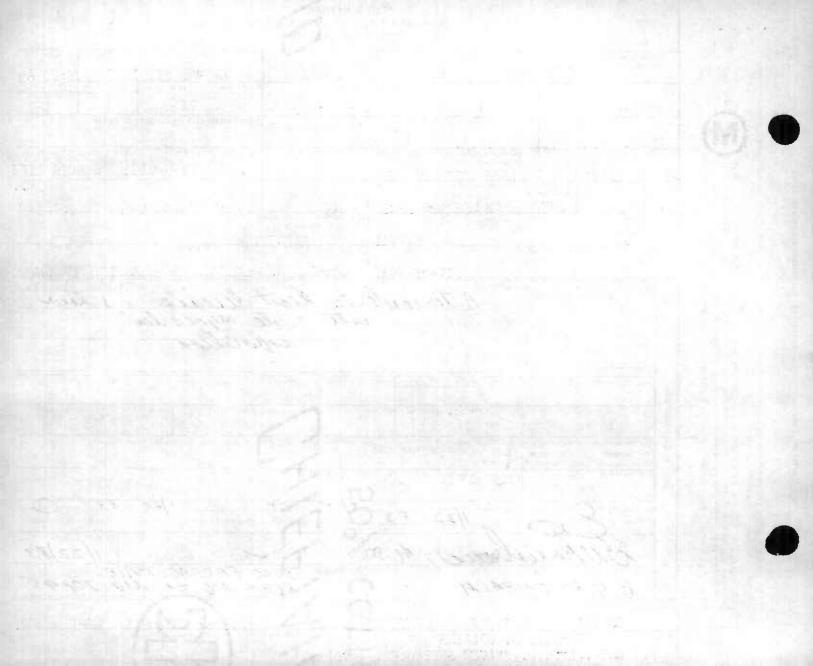
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RTA		224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS			
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_		BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d LOCATION	CO AIT	STATE
1		Cremation	Jan.4,1983	Cedar	Hill Cremator		Maryland	1
M 1/81		UNERAL DIRECTOR	10A	PFSS	25a. PATE	REGID TY TOO STAR	25% REGUETEARS SIGN	ATUKE
4)	1	lysong Funeral	Home 1300 N St	.N.W.Was	sh.D.C. JAI	4 7 12 0		

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MAR	mpletely and 2 sh		FIRST	WHITE	FIRST	MARY	TALE	2/IT
THE WAY	+ 0		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SE		ADDRESS	TALC	<u> </u>
as	be execu	,	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES) 579-21	0-1516 THOMAS E	SHEARER SAME	AS 13 H	IUSBAND
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	TEND do OR: or US		saw the deceased alive an	ital) attended the deceased from	63	n death accurred on the date and	d hour and from the co	ot (I) (we) lost
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	TO HOSPITAL retained by the TO FUNERAL should be det with the Stote IMPORTANT:		Donald Dillo		Olney, M			
	76 - 23 - 3	23a. E	BURIAL, CREMATION, REMOVAL	. 23b. DATE 23	C NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	BP	24 51	BURIAL UNERAL DIRECTOR TO A LO	1/22/83	FT. LINCOLN	BRENTWOOD	PRI GEO	MD.
	DHMH - 16 50M 1/8! (VRA 15, 4)	23.70	NAME FRANC	CIS J. COLLINS		AN 24 1983	FLU SIGNAL	ines
			500 UNIV. BLVV.	.W. SILVER SPR	ING.MD. 20901	7111 - 21000	~	



101		1 - 5	FOR STATE REGISTRAR			DEP	ARTMENT O	ATE OF MARYLA FHEALTH AND M IFICATE OF D	NENTAL HYG		G. NO.	2 2	2 4
for		1 DECE	ASED NAME	FIRST		MIDDLE		LAST		20. DATE OF DEA	тн момтн	DAY YEAR	2b. HOUR
	poge 3	(TIPE OF	PRINTE	LORRA	INE	E.		SHE	LTZ	JANUA	RY 22.	1983	6:00 Am
	2.5	3 SEX			4. RACE			E OF BIRTH	YEAR	6 AGE (IN YEARS L	ASI BIRTHDAY)	MONTHS DAYS	# UNDER 24 HRS
	of of		MALE		CAUCA	STAN	JI		904		78 YRS.		
	a / M 17	70. BIRT	HPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUN	JTRY? 8 MAR	RIED NEVER M	ARRIED -	9. BALTIMORE C	ITY <u>OR</u> COUNT	Y OF DEATH	
			SHINGTON OR TOWN OF DE		LL S			W SOX DIV	ORCED	MC	NTGOMER	y	MD.
-1	of the soft				(IF NOT IN SUC	H FACILITY, GIVE	STREET ADDRESS)	E OR OTHER INSTI	IIUIION	120. USUAL OCC	TING CL	UFEL INDUSTRY	OF BUSINESS OR
120	in by		ER SPRIN			KORTH GIVE RESIDENCE		N)		ACCOUN	ITING CL	ENK AC	ACIA LIFE INS.
4D 2	filled ould b	13a. ST	ATE	13b COUN	TY	13c. CITY OR	NWOT	13d. INSIDE CIT		13e. STREET ADDI			INS.
LAN			LAND IER'S NAME	MUNI	GOMERY	LSILVE	R SPRI	15. MOTHER'S	MAIDEN NA		ORTH PL	ACE	20902
AR	mpletely ond 2 sh		JOHN	٨	AIDDLE	LAS		F	IRST	MIC	DLE		AST
RE, N			S DECEASED EVER			165 SOCIAL	SECURITY NO		KATHER	CINE ,	ADDRESS	E	SURKE
WO	n ond co	[YES	NO OR UNKNOWN)	(FYES, GIVE	WAR OR DATES)	577	03-493	RAPRA	ARA A.	McKEOWN	CAME	AS 13	DAUGHTER
ALTI	the French	1/	CAUSE OF DEAT	H (Enter on	v one couse per			1 DINKUT	1	MERLUWN	SAME	APPRO	XIMATE INTERVAL NONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	the death certifical the ottending physical remove corbanpop emotion, or remove ter froumotic event,		PART I. DEATH V 4100 Conditions, if any gove rise to improve (a), static	IMMEDIATE , which mediate ng the	DUE TO, O		SEQUENCE O	Colle -	acut	laute	carla	2	Roew
ORDS, 201 W	een signed by the Theory please re please re in the buriol, cremy injury, or other	P		NIFICANT C				UT NOT RELATED				IVEN IN PART 1	
AL REC	9 6 6 6	CERTIFICATION	a DATE OF OPERA	TION			HICH OPERA	ION WAS PERFOR	KWED	200 AUTOPSY	IN CERT	IFYING CAUSE	S OF DEATH?
OF VIT	HYSICIAN: The Idang physicion. iis certificate hos buriol-tronsit per i Mental Hygiene or Item 18 shows		OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEAT	21b. TIME O HOUR A.	M. MONTH		AR 9	URY OCCURE	RED (ENTER NATURE (OF INJURY IN ITEM 18	PART OR PART 2)	
VISION	I 6 6 - 0	WEDI	d. INJURY OCCUR	RED	21e PLACE	OF INJURY	FFICE, FARM, ETC	21f LOCATIO	N	CIT	OR TOWN	COUNTY	STATE
ā	o o o o o o o o o o o o o o o o o o o	l	a.l certify the	this hospit		1122	19 F3	5/15 ond that in (my) (, 19 7 6	, to	1/22 the date and ha	. 19 83	, that ((we) lost
	DIRE DOCHEC Dept		Bul	ROL	es les	ofter death.	, М.	, Р		MEDICAL DIRECTOR P	STAFF HYSICIAN [22c. DAT	22/83
	ro Hospital etoined by if TO Funeral should be det with the Stote MPORTANT:		0 0 /	ROSE	NBAU	res "		220 ADDRESS	KEN		TOY, I	AVE.	0195
	E 5 E 2 > 2	230 BUI	RIAL, CREMATION		23b. DATE		100000000000000000000000000000000000000	CEMETERY OR C		23d. LOCATION		COUNTY	STATE
	BP		RURTAI		1/25/8	3	GATE	OF HEAVEN			SPRING	MO	
DH	IMH - 16 50M 4/82	24 FUN	ERAL DIRECTOR	FRANCI.	S J. CO	LLINS	RE55		250. DAT	E REC'D. BY REGIS	TRAR 25b. REGIS	STRAR'S SIGNA	TURE.
	(VRA 15, 4)	5	00 UNIV.1	BLVD.,	W., SILV	ER SPR	ING. MD	20901	Su	11 20 1 1000	Jan	man h	week!



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remave corbanpapers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. at Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND FOR - STATE

	REGISTRAR			ICATE OF DEATH	REG. NO	0	
	CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH		YEAR 26 HOUR
	He	rris H.	SHET	TEL	January	13, 1983	1:00 A
3. SEX	Male	White	5. DATE O		6. AGE (IN YEARS LAST BIRT	THDAY) IF UNDER	LYEAR IF UNDER 24 HRS DAYS HOURS MIN
	RTHPLACE (STATE OR FOREIGN DUNTRY) enna.	U.S.A.	MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY O		
	Damascus	11. NAME OF HOSPITAL,	BeallessAv	OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Pattern m		IND OF BUSINESS O
13a. S1	Maryland Mont	NTY 13c_CITY O	RTOWN	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 9722	Beall Ave	20872
	THER'S NAME John	G. Shette		13 MOTHER'S MAIDEN NA	WIDDLE	un	ıknown
16a W (YE	(IF YES, GI		L SECURITY NO. 46-7979	Harris H. S	hettel, Jr.	SS13214 Tw Rockvill	inbrook Ple, Md.
	Conditions, if any, which gove rise to immediate cause to stating the underlying cause last	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	ISEQUENCE OF	andial infu			APPROXIMATE INTERVAL
7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	IG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PA	ART 110
TIFICATION	19a date of operation	196 CONDITION FOR V	WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES	FINDINGS USED AUSES OF DEATH?
MEDICAL CERTIFIC		21b. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR	216 HOW INJURY OCCURI 211 LOCATION STREET	YES NO	YES THE THE TOP PART TORPA	AUSES OF DEATH? NO

DHMH - 16 50M 1/B1 (VRA 15, 4)

CT 21 25 1829 1 (See 25 1917)

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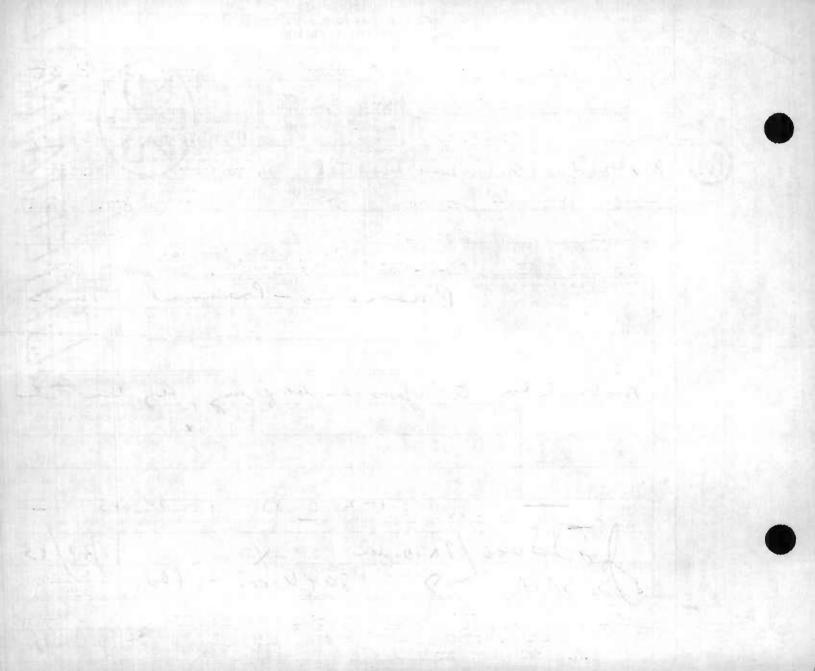
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the attending physician and corremove corbonpapers. Pages 1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept: of Health and Mental Hygiene prior to burial, cremation, or remaval.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

I. DEC				TIFICALE OF DEATH	REG. NO.	
(TYPE	CEASED NAME	FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
		narles	r Sh	ropshire	Jan. 5, 198	8:35 pv
3. SEX	X	4 RACE		ATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
	Male	Whi		ov. 27. 1898	8 7 YRS.	MONTHS DAYS HOURS MIN.
	RTHPLACE (STATE OR F COUNTRY) Wash., D.C			RRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY Montgomery	
10. CI	TY OR TOWN OF DEA	TH 11. NAME OF		ME OR OTHER INSTITUTION	12. USUAL OCCUPATION 11 UP OF WORK FOR MOST OF WORKING VICE Pres.	12b. KIND OF BUSINESS OR INDUSTRY Elec.Supplies
Md Md	1. 20817	ng home or other institution 13b. COUNTY Montgomery	13t. CITY OR TOWN Bethesda	YES NO	13e. STREET ADDRESS 5504 Pembroke	ZØ8/7 Terrace
14 FA	George	P.	Shropshire		MIDDLE	Miller
	VAS DECEASED EVER YES, NO OR UNKNOWN) Yes	IN U.S. ARMED FORCES? JIF YES GIVE WAR OR DATES) WW I	166. SOCIAL SECURITY N 577-05-631		address mall, 405 Yorkshi	Penna ire Rd., Rosemont
	18 CAUSE OF DEATI PART I. DEATH W	H (Enter only one cause pe AS CAUSED BY: IMMEDIATE CAUSE (a)		cardone f	RREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, gove rise to imm	redicte			ORY FALURE	
	cause (a), statin	g the Source O	R AS A CONSEQUENCE	Th	1. TILFAM.	- 1/1/2
	underlying cause	last. (c)			Y INFARET	
TION	PART 2 OTHER SIGN	IIFICANT CONDITIONS COPERAT	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	ULLER
RIFICATION	PART 2 OTHER SIGN	IFICANT CONDITIONS CON		BUT NOT RELATED TO THE TER PERFORM ATION WAS PERFORMED ILLUMAN	MINAL DISEASE OR CONDITION OF PEPTIAL 200. AUTOPSY? 200. IF Y IN CERT	
CAL CERTIFICATION	PART 2 OTHER SIGN	IFICANT CONDITIONS CON	ONTRIBUTING TO DEATH TOS FOR ITION FOR WHICH OPERA OF INJURY	BUT NOT RELATED TO THE TER PERFORMED ATION WAS PERFORMED IT. HOW INJURY OCCU	MINAL DISEASE OR CONDITION OF PEPTIAL 200. AUTOPSY? 200. IF Y IN CERT	IVEN IN PART I TO ULLER ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\begin{array}{ccc}
MEDICAL CERTIFICATION	PART 2 OTHER SIGN 190 DATE OF OPERAT 210, ACCIDENT WAS UND OR CONTRIBUTING C	INFICANT CONDITIONS CO	ONTRIBUTING TO DEATH TON FOR WHICH OPERA OF INJURY M. MONTH DAY YE	BUT NOT RELATED TO THE TER PERFORMED ATION WAS PERFORMED LA COMMON TO THE TER ATION WAS PERFORMED ATION WAS P	MINAL DISEASE OR CONDITION G PEPTI 200. AUTOPSY? IN CERT	IVEN IN PART I TO ULLER ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\begin{array}{ccc}
-	PART 2 OTHER SIGN 19a DATE OF OPERAT 21a, ACCIDENT WAS UND OR CONTRIBUTING CHETHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOTIFY MEDIC AT WORK NOT WHAT WORK AT WORK Sow the decease	IDST. (C) INFICANT CONDITIONS C OPERATOR 19b. COND 19b. COND AUSE OF DEATH ALEXAMINER) PED 21b. TIME C HOUR A ALEXAMINER) PED 21c. PLACE (AT HOME, ST IK	ONTRIBUTING TO DEATH ONTRIBUTING TO DEATH OF INJURY M. OF INJURY REEL FACTORY, OFFICE, FARM, ETC. THE JECCESSED FORM 19	ATION WAS PERFORMED ATION WAS	MINAL DISEASE OR CONDITION G 20a. AUTOPSY? YES NODE RRED (ENTER NATURE OF INJURY IN ITEM 18	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO DEATH? YES TO NO TO THE PART 1 OR PART 2) COUNTY STATE
-	PART 2 OTHER SIGN 19a DATE OF OPERAT 21a, ACCIDENT WAS UND OR CONTRIBUTING CHETHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOTIFY MEDIC AT WORK NOT WHAT WORK AT WORK Sow the decease	IDST. (C) IFFICANT CONDITIONS C OPERAT 19b. COND 19b. COND AUSE OF DEATH (AL EXAMINER) RED (AT HOME, ST (Khis, bospital) ottended to	ONTRIBUTING TO DEATH ONTRIBUTING TO DEATH OF INJURY M. OF INJURY REEL FACTORY, OFFICE, FARM, ETC. THE JECCESSED FORM 19	ATION WAS PERFORMED ATION WAS PERFORMED LEAR 19 211. LOCATION STREET 219. and that in (my) (200) apinion DEGREE	MINAL DISEASE OR CONDITION G PEPT (200. AUTOPSY? IN CERT YES NO NO NO SERVED (ENTER NATURE OF INJURY IN ITEM 18 CITY OR TOWN	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO DEATH? YES TO NO TO THE PART 1 OR PART 2) COUNTY STATE
-	PART 2 OTHER SIGN 190 DATE OF OPERAT 210, ACCIDENT WAS UND OR CONTRIBUTING CONTRI	IDST. (C) INFICANT CONDITIONS C OPERATOR 19b. COND 19b. COND 19b. COND AUSE OF DEATH ALEXAMINER) PED 21b. TIME C HOUR A ALEXAMINER) PED 21c. PLACE (AT HOME. ST IX d alive an Met) (did not) view the bady	ONTRIBUTING TO DEATH ONTRIBUTING TO DEATH OF INJURY M. OF INJURY REEL FACTORY, OFFICE, FARM, ETC. THE JECCESSED FORM 19	ATION WAS PERFORMED ATION WAS PERFORMED LEAR 19 211. LOCATION STREET 219. and that in (my) (200) apinion DEGREE	MINAL DISEASE OR CONDITION G 20a AUTOPSY? YES NO	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO COUNTY STATE 19 1, that (1) 1 lost our and from the causes stated 22c. DATE SIGNED

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this

5130 Wisconsin Ave., NW. Washington, D.C.

24. FUNERAL DIRECTOR Joseph Gawler's Sons, Inc.

ark Rockville, Maryland

250 DATE RECID BY REGISTRAN SIGNATURE

JAN 13 1983

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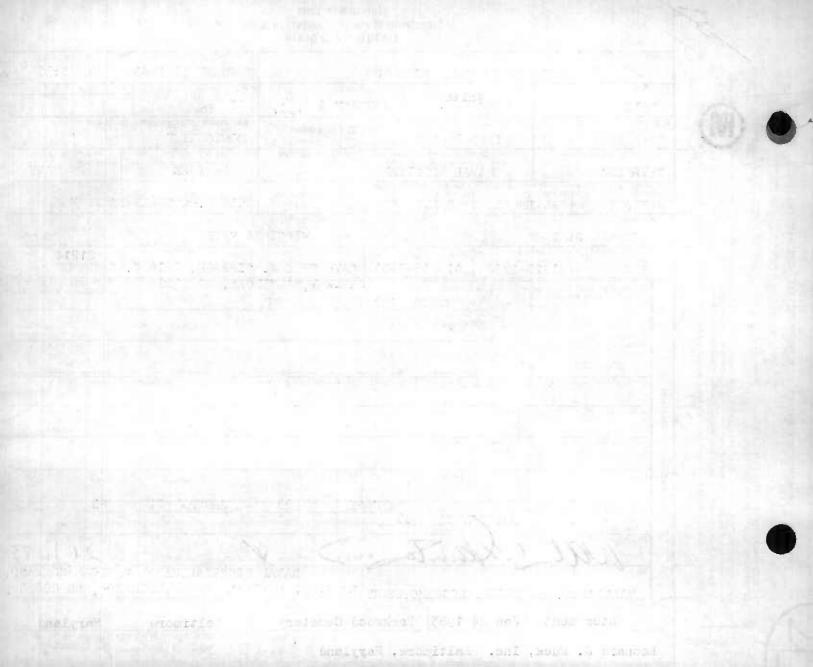
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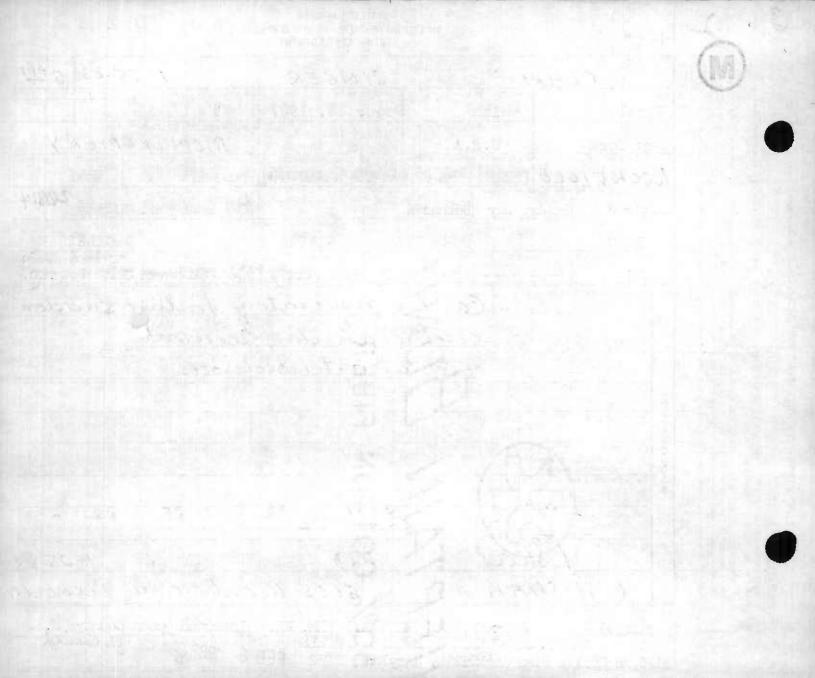
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STATE OF MARYLAND



X	1	FOR - STATE REGISTRAR	DEPAR	MENT OF HEALT	MARYLAND TH AND MENTAL HYG TE OF DEATH	REG. NO.	0 2 2 2 9
M)		CEASED NAME FIRST	MIDDLE	CAST	ICEO	20 DATE OF DEATH MON	- 25-83 5 PM
/	3. SE	CLAK	4 RACE	S/A	IGER	6. AGE (IN YEARS LAST BIRTHDA)	J M
	F	emale	White	Sept.	24, 1907	75	MONTHS DATS HOURS MIN.
e (7a. 8	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	2 8	NEVER MARRIED	9 BALTIMORE CITY OR CO	DUNTY OF DEATH
6		ew York	U.S.A.	WIDOWED	DIVORCED []	MONT	60MERY MD.
10 To	R	OCKVILLE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH EACHLITY, GIVE STREET HEBREW HOME OF	GREATER		126 USUAL OCCUPATION 114PE OF WORK FOR MOST OF WO Housewife	RKING (IEE) 12b. KIND OF BUSINESS OR INDUSTRY HOME
ag same		AL RESIDENCE (IF NURSING HOME OF STATE 13b COULT	ROTHER INSTITUTION GIVE RESIDENCE BEFO NTY 13c. CITY OR TO Bethesday	VN 1134 I	INSIDE CITY LIMITS?	4321 East-We	st Highway 20814
1	14. F	ATHER'S NAME EIRST	MIDDLE LAST		AOTHER'S MAIDEN NA		
00		JACOB	SCHWAR'		BERTHA		BIGELEISEN
		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIAL SEC VE WAR OR DATES) 136-28-1		ena Morris;	9032 Copenhav	Maryland 20854 en Drive; Potomac,
njury, or other traumance	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO	JENCE OF A	rterios	<u>Acciden</u> elerosis	DN GIVEN IN PART 110
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WA	AS PERFORMED	200 AUTOPSY? 200 IN	D. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	PAY YEAR	HOW INJURY OCCURE	RED (ENTER NATURE DE INJURY IN I	ITEM 18 PART I OR PART 2)
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, EACTORY, OFFICE		LOCATION	CITY OR TOWN	COUNTY STATE
II II EM Z I 15 MG		saw the deceased alive on	tal) attended the deceased from 19 to view the body after death.	53, and the		, to /- 25 depth occurred on the date o	. 19
MPORTANT		220. PHYSICIAN'S NAME (TYPE OF	PRINTING MD	170 6	ADDRESS 105 W	DIRECTOR PHYSICIAN	Rd Rochvell
1	23a	BURIAL, CREMATION, REMOVAL			ERY OR CREMATORY	23d. LOCATION	COUNTY
	24 5	Burial	Jan. 27, 1988		MEM. PK.	Lakewood; Oc	ean County; N.J.
31	1	14V ME	SKY-GOLDBERG ME		20852 FE	3 8 1983	REGISTRARY SIGNALUOUS
	Ш	/U Rockville Pi	ke:Rockville, M	aryland A	ZUOJZ FEI	y y	



		FOR STATE REGISTRAR CEASED NAME FIRST		MIDDLE	CERTIFICATE (REG.		DAY YEAR	2b. HOUR
6.40		CHRIS	TINE &	P.	SMITH		January		1983	6:50 A.m
M	3. SE	× Female	4. RACE White		July 8	1909	6. AGE (IN YEARS LAST)	BIRTHDAY) YRS.	MONTHS DAYS	HOURS MIN.
TO DI	IN	RTHPLACE (STATE OR FOREIGN COUNTRY) rth Carolina	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIED NE		9. BALTIMORE CITY MONTGOMER	OR COUNT		
of the fact of the	10. €	ITY OR TOWN OF DEATH	11. NAME OF (IF NOT IN SU	HOSPITAL, NURSIN	WIDOWED CHARGE OF OTHER STATES OF THE STATES	INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS'	TION	126. KIND O	DF BUSINESS OR
and the	USU	AL RESIDENCE (IF NURSING HOME	or other institution in ty transfer tra	GIVE RESIDENCE BEFORE 13C CITY OR TOWN Bethesd	ADMISSION)	DE CITY LIMITS?	5215 Ceda	r Lane		315
150		THER'S NAME FIRST Eddie	MIDDLE	Perkinso		HER'S MAIDEN NA	ME MIDDLE	346	Pascha	11
Pages		VAS DECEASED EVER IN U.S. / (IE, NO OR UNKNOWN) (IF YES. (ARMED FORCES? GIVE WAR OR DATES)	577-03-			son. 18527	Amida		Triangle
os been signed by the attended on the perior to buriol, cremation or prior to buriol, cremation ws any injury, or other traum	CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a). stating the underlying cause lost. PART 2. OTHER SIGNIFICAN' 19a. DATE OF OPERATION	(c)				INAL DISEASE OR CO	20b. IF Y	IVEN IN PART 10	NGS USED
his certificate has burial-transit p. Mental Hygien or them 18 show	MEDICAL CERTI	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	EATH HOUR A.		19 21f. LOC		YES NO	JURY IN ITEM 18	YES DE PART 1 OR PART 2)	NO []
	×.	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, FA	RAA, ETC)	SINCE I	CITOR	10414		SIAIL
DEFUNEAL DIRECTOR. After though be detached for use as the with the State Dept. of Health and MPORTANT. If them 21 is marked		22e.1 certify that (I) (this has saw the deceased alive a above, (I) (we) (did) (did 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYP) James Edward	not) view the body	offer death.	DEGREE 220 ADD	ATTENDING PHYSICIAN (to Jandeath occurred on the	AFF ICIAN []	22c. DATE	11 1983

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endel , dive nobie	907. 18527	Carrier Darketin	FEAR-NO.	7 17	C
1	Lamb		90		
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DIVISION OF VITAL RECORDS,

STATE OF MARYLAND

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500 University Stud. Mest Silver Spring, Ud.

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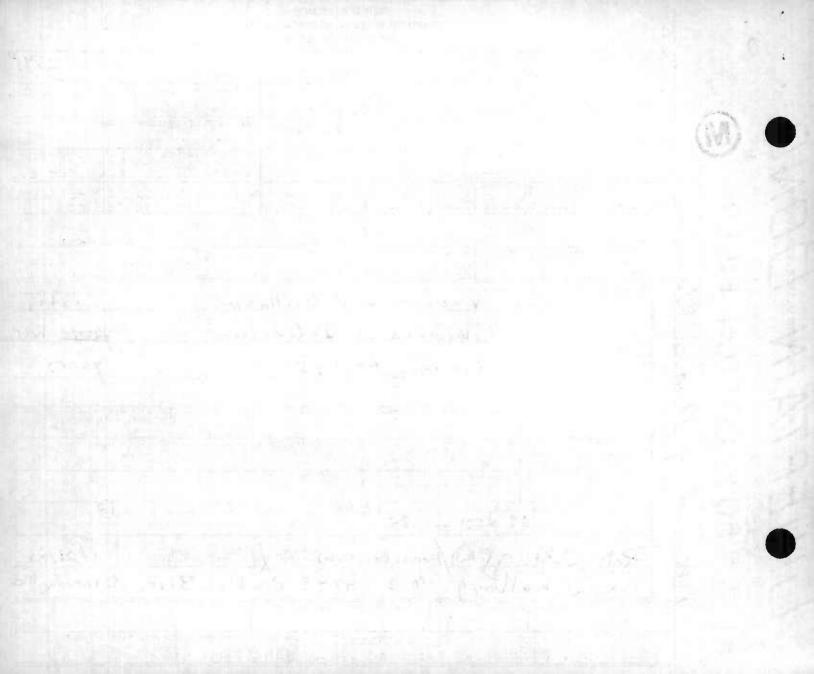
Homes, P.A. Rockville, Maryland 20850

STATE OF MARYLAND

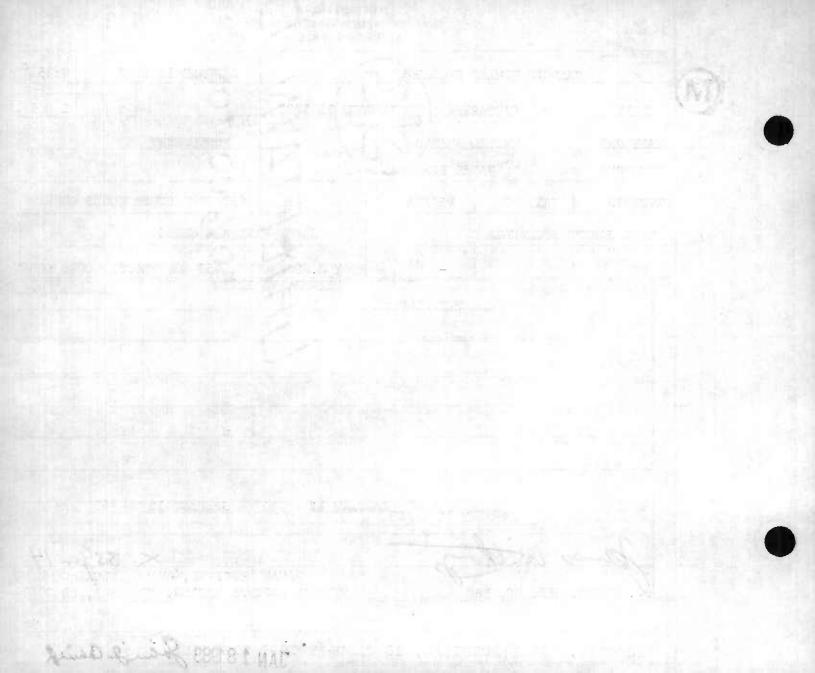
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15.4)



	REGISTRAR CEASED NAME FIRST OR PRINT; FRANCI	MIDDLE	CERT	LAST LAST	REG. NO	D. MONTH DAY YEAR	2b. HOUR
TYPE	OR PRINT)			LAST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
1 SEX	FRANCI				T 137711 577	10 1000	
) SE		S EDWARD SPON		OF BIRTH	JANUARY 6 AGE (IN YEARS LAST BIRT		9:45
			MON	TH DAY YEAR	AGE (IN YEARS LAST BIRT	MONTHS DAY	S HOURS
BI BI	MALE RTHPLACE (STATE OR FOR	CAUCASIAN 76 CITIZEN OF WHAT COUP		UARY 12 1983	a DALTIMORE CITY O	R COUNTY OF DEATH	2
	OUNTRY)		MARRI	IED NEVER MARRIED			
							OF BUSINES
В	ETHESDA	(IF NOT IN SUCH FACILITY, GIVE NAVAL HO	SPITAL				
13a. S	TATE III. COUN			13d. INSIDE CITY LIMITS?	B933 COURT	HOUSE WOODS	COURT
4 FA		MIDDLE	CT				
	TROY JOSEPH SPO	NAUGLE		JACQUEL	INE ANN GUE	SS	LAST
			L SECURITY NO.	17 INFORMANT			
	NO	_				URTHOUSE WO	OODS CO
FICATION					20e AUTOPSY?	20b. IF YES, WERE FING IN CERTIFYING CAUS	DINGS USED
ERT	21a ACCIDENT WAS LINDERLYING .	216 TIME OF IN HIRY		1214 HOW IN HIRV OCCUP			NO [
	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH		R	LEWIER NATURE OF INJUR	TIN HEM IS PART I OR PART 2	1
DIC.	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	211 LOCATION			
¥	WHILE NOT WHILE	(AT HOME, STREET FACTORY C	OFFICE FARM ETC)	STREET	CITY OR TO	WN COUNTY	ST
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Á	James V	x thos		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F	TE SIGNED
	THORPE CDR	-					
	URIAL, CREMATION, REMOVAL	23b. DATE		CEMETERY OR CREMATORY	23d LOCATION		
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FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2

	REGISTRAR				CERTII	CATE OF DEATH	REG. N	O		
	EASED NAME	FIRST	/	MIDDLE		LAST	2a DATE OF DEATH	MONIH DAY	YEAR	2b HOUR
(11761	Edit	ch	R.	S	quire	S	January	21. 19	83	12:34pm
3. SEX			4 RACE	-	5. DATE	OF 81RTH	6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDERTYEAR	IF UNDER 24 HRS
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7BeBIR	THPLACE ISTATE ORF	ORE:GN		WHAT COUNTRY?	8		9 BALTIMORE CITY O		FDEATH	
-	ryland		U.S.	Δ.	WIDOW	ED NEVER MARRIED	Montgomery	County	,	446
	TY OR TOWN OF DEA	TH	11. NAME OF	HOSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON	126 KIND C	OF BUSINESS OR
Tok	oma Park			H FACILITY, GIVE STREET		Hospital	Housewi		INDUSTRY	
LibUA	L RESIDENCE HE NURS	ING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)			re l	ДОШ	ie
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	ryland THER'S NAME	P.G.	Co.	Hyattsv.	ттте	YES NO 15 MOTHER'S MAIDEN NAM		d Avenu	te (20781)
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[YI	ES NO OR UNKNOWN)	I IF YES, GIVE	WAR OR DATES)				,			
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TIFIC							YES NO	YES [G CAUSES	S OF DEATH?
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MED	21d INJURY OCCURR WHILE NOT WH AT WORK	ILE 🖂	21e PLACE (OF INJURY EET, FACTORY OFFICE, F.	ARM ETC)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	saw the decease above (1) (we co					nd that in (come opinion o	to Jan/2	1/83 , 19 ste and hour o		that (we) last
	22b. SIGNATURE					DEGREE			22c. DATE	SIGNED
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	Dr. Charl	es T.	Chapin	, M.D.		Washington Ad	dventist Ho	spital	Mary	
	URIAL, CREMATION,		23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	PECIFY)		Jan/25	/83 Ft.	Lin	coln Cemetery	Brentwood	P.G.	CO	Mary and

DHMH - 16 50M 1/81 (VRA 15, 4)

BP

24 FUNERAL DIRECTOR
NAME
Chambers Funeral Home Riverdale, Maryland

250 DATE RECD BY REGISTIONS S. REGISTION'S SIGNATURE

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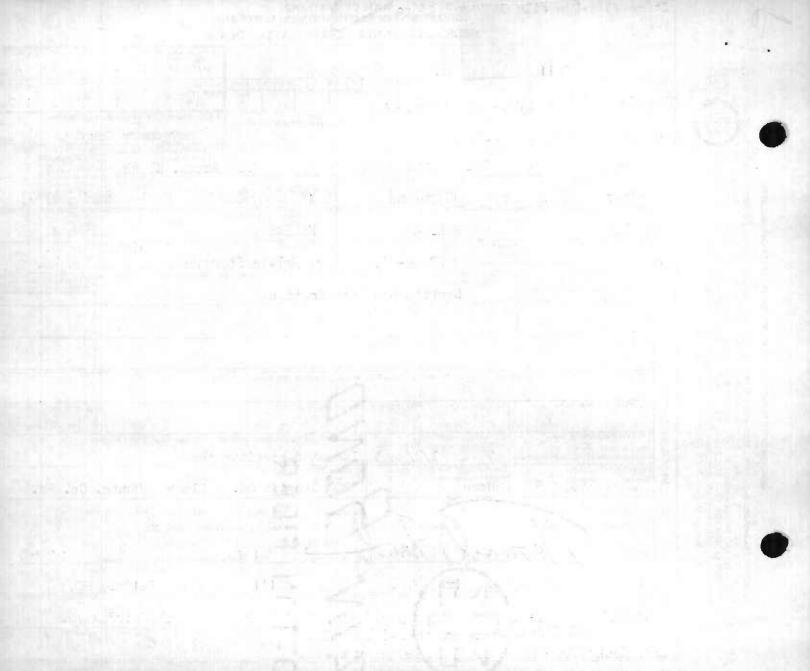
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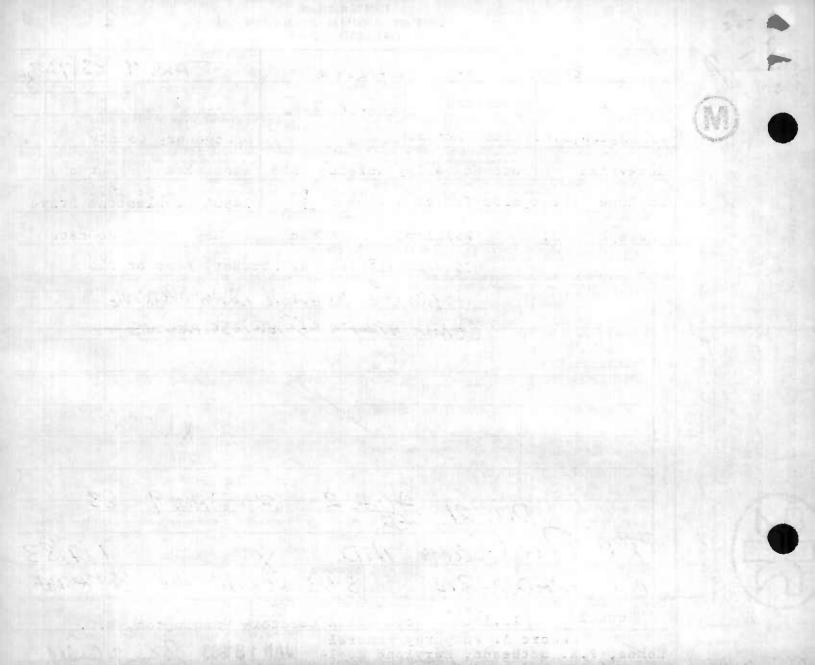
	1	FOR STATE REGISTRAR		DEPARTA	MENT OF HEALT	MARYLAND TH AND MENTAL HY TE OF DEATH	GIENE 8 3	0 2	2 3 6
m 5		CEASED NAME FIRE E OR PRINT)	ADIE	MIDDLE	STA	RKMAN	20. DATE OF DEATH		75. HOUR 50
M	3. SE	X	4. RACE		5. DATE OF BIR	TH YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER	1 YEAR IF UNDER 24 HRS
		FEMALE		auc.		12, 1890	92	YRS.	
ot once.		IRTHPLACE (STATE OR FOREIG COUNTRY) Poland	U.S.		MARRIED WIDOWED		MONT90	_	COUNT YM
notified	10. C	ROCKULLE	(IF NOT IN SUC	HOSPITAL, NURSIN CHIFACILITY, GIVE STREET		HER INSTITUTION	TYPE OF WORK FOR MOST OF Self-emple	F WORK & G LIFE) INDL	KIND OF BUSINESS OR JSTRY Ret.
100	13a.	Maryland	ome or other institution COUNTY Mont.	13t. CITY OR TOWN ROCKUT	LLE YE	INSIDE CITY LIMITS?	130. STREET ADDRESS 6121 Mon	trose Rd.	29852
1	14. F	Herbert Sta	rkman	LAST		NOTHER'S MAIDEN N	Unk.		LAST
medical	160	WAS DECEASED EVER IN U YES NO OR UNKNOWN) (IF	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	577-42-6		nformant ildred Boz	zi Springf	on St. leId, Virg	ginia 22150
signed by the attend hen please remave co to burial, cremation, a ijury, or ather traumot	NO	Canditions, if any, which gave rise to immedia couse (a), stating underlying couse (a) PART 2 OTHER SIGNIFIC	the list. (b) DUE TO, O	OR AS A CONSEQUE	NCE OF	Infectio	and BR	DITION GIVEN IN PA	ART 1(o)
ene prior ows ony in	CERTIFICATION	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATION WA	AS PERFORMED	20a AUTOPSY?	206. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?
ial-transit protection in the land in the		21a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	OF DEATH HOUR A.	DE INJURY .M. MONTH DA .M.	Y YEAR	HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR P.	ART 2)
s the bur ond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE (21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	LOCATION	CITY OR TO	wn coul	NTY STATE
for use of Health		220.1 certify that (1) (this saw the deceased all above (1) (we) (did)		1/12/198	1/25 3 , and the	17-	, to, to	1/13, 19 8 and from	, 1101 (11 (40)1031
detached ofe Dept. T: If them		226. SIGNATURE R. Sh	akin	arrey dedyn.	DEGR		MEDICAL STA		DATE SIGNED
should be dewith the State		RAML 2	CTH T.	A. SHA.	VIA	ADDRESS HE,	1/1-	ME ROCK	£ Jelle 20815
of s M		BURIAL, CREMATION, REM (SPECIFY) Removal				ery or crematory	CITY OR TOWN	eton. D.C	
H - 16 50M 4/82	24 F	UNERAL DIRECTOR CO.	lumbia Mor	tuary Ser	vices,	110 . 25a. D/	ATE REC'D. BY REGISTRAR		



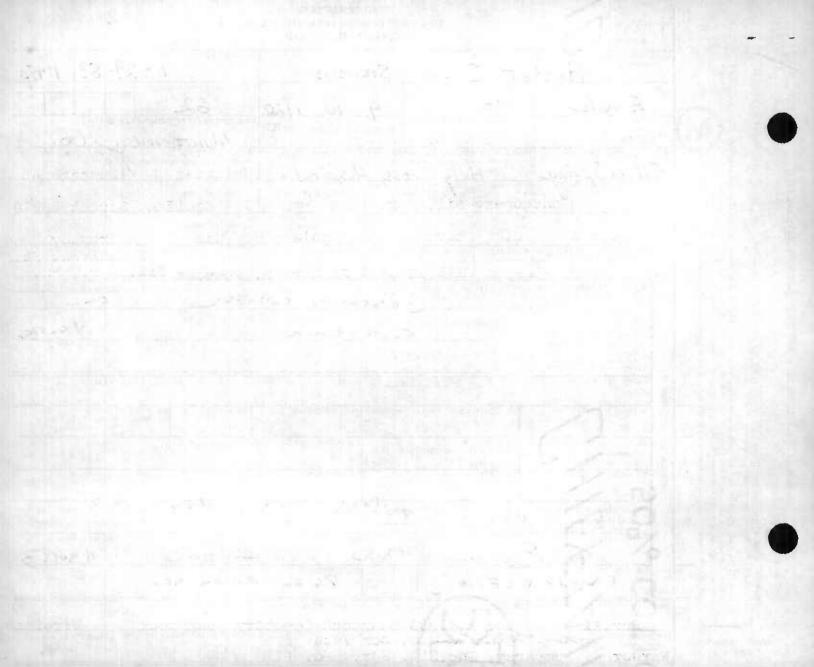
Sept. 12. 1590 95 .04130 Directo. tell boyolome The . The control of the faryland Monty ... Jada styl Herbert Studenen 577-L2-6903 Hildred Boust Syring 181d, Vigginia 20150 TOTAL MARKET AND THE STATE OF THE SECTION

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	1.	FOR STATE REGISTRAR	DE	PARTMENT OF	E OF MARYLAND TEALTH AND MENT FICATE OF DEAT	Manager Street, and a second	S C	22	3 9
9 75	1. DE	CEASED NAME FIRST Harri	net Sue	57	evens	2a. DATE O		29-83 2b	1:45 AM
ge 4 moy	3. SE		4.RACE White		OF BIRTH	6. AGE (IN	EARS LAST BIRTHDAY) 62 YRS.	IF UNDER 1 YEAR IF U	URS MIN.
(M)	V:	RTHPLACE (STATE OR FOREIGN COUNTRY), Lrginia	76. CITIZEN OF WHAT COU	MARRIE	D NEVER MARRI	BALTIMO	ME CITY OR COUNT		, MD.
o de la companya de l	5	ilver Spring	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV	COSS	Hospinal	ON 12a. USUAL (TYPE OF WOR Wait	OCCUPATION K FOR MOST OF WORKING	176 KIND OF BU	
AND 2 IS	I		ROTHER INSTITUTION GIVE RESTRENCE NTY 13c. (1) TY O	CE BEFORE ADMISSION) OR TOWN Spr.	13d. INSIDE CITY LI/ YES X NO	MITS? 13e. STREET	ADDRES5	Street	
ompletely and 2 st		George	C. Steve		15. MOTHER'S MAII FIRST Annie	DEN NAME	MIDDLE	Crosle	
be execution and c			VE WAR OR DATES)		Richar	d R. Ste	ADDRES 941	. Spr.	Md.
DIVISION OF VITAL RECORDS, 2D1 W. PRESTON ST., BALTIMORE, MARYLAND 212D ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours rattending physician and completely Illiad in the ost the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be that and Mental Hygiene prior to burial, cremation, or removal. arked or them 18 shows any injury, or other traumatic event, the medical examiner must be a strong or them.	7	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Or on or	DBY: TE CAUSE (0) DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	NSEQUENCE OF	CUL AZ		e or condition G		AND DEATH
TAL RECORD The law requirion. Sait permit. The giene prior to giene prior to shows any injection.	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	20a AUTO	IN CERT	ES, WERE FINDINGS IFYING CAUSES OF I	
SION OF VITAL PHYSICIAN: The ending physicion this certificate he e buriol-transit p ad Mental Hygien d or item 18 show	MEDICAL CER	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING AUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 218. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	21f. LOCATION	OCCURRED (ENTER NA			
to OR ATTEND he hospitol or DIRECTOR. A croched for use bopt. of Head 1 is multiple of the model	W	22b. SIGNATURE	t) view the body ofter death.	from 19	DEGREE ATTEN	opinion deoth occurre	d on the dote and ha		
TO HOSPITAL retoined by the TO FUNERAL should be detroined with the Stote IMPORTANT:	23a. E	226. PHYSICIAN'S NAME (TYPE OF PROJECTION). REMOVAL	H. LEVIN	23c. NAME OF C	22e ADDRESS	ATORY 23d. LOCA			
BP	24. FU	Burial UNERAL DIRECTOR NAME	Feb. 2. 19		ncock Ce x 7428	CITY	or town onancock	COUNTY Vi	rginia



FOR - STATE

REGISTRAR

Gov't 90 Monroe Street 20850 MacNulty 803ss Roxboro Road Rockville, Marylan BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE , and that in (my) (pur) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR | PHYSICIAN 20817 10215 Fernwood Road Bethesda, Md (SPECIFE remation 12,1983 Metropolitan Crematory Alexandria. BP. 24 FUNERAL DIRECTOR ROBERT DHMH - 16 50M 4/82 NAME HOMES, P.A. ROCKVILLE MARYLAND (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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IF UNGER I YEAR

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IF UNDER 24 HRS

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10			EASED NAME OR PRINT)		1-1		(1)	111	OF OF	ESTI- MATED	MONTH DAY	YEAR 26 HOUR
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	HE FEE	3 SEX		4 RACE	5. DATE OF BIR	TH YEAR	LAST BIRTHDAY) MON		ER 24 HRS. 2c. DATE	NCED -	ONIN DAT	1 683
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	Z Z	-			u.s.		WIDO		RCED LI	ON	TG & M	D OF BUSINESS
	8 PAGE	10. CI	TY OR TOWN	OF DEATH		HE CILITY, GIVE STORE		HER INSTITUTION	FOR MOST OF WOR	KING LIFE)	OR I	INDUSTRY
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201	ANY DE VND 3 TO SETAIN OUED 8 ECORDE	13a S1	ATE	(IF IN NUD ING HOME	E OR OTHER INSTITUTION	13c. CITY OF	JOWN JOWN	13d INSIDE CITY LIMITS?		SS	^.	Aus
2.	33. F	14 FA	THER'S NAME	k VV	iont.	10/1	- Jpg	YES NO E		Vaw	NO W	7400
BALTIMORE, MD, 2120]	RS AFTER DEATH. IF GIVE PAGES 1, 2, WITH FORM PM 3. PAGES 1 AND 2 SH DIVISION OF WITH I	13.16	FREDE		MIDDLE	LASI	TILLE	HELE	A	NIDDLE	REIL	I V
AOR	A A A C	16a. W	AS DECEASE	DEVER IN U.S. A	RMED FORCES?		SECURITY NO.			EASTILL		
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2	URS AF 18. GIVI WITH II. PAG		18 CAUSE O	F DEATH (Enter (anly ane cause per	line for (a), (b), ar	d (c).)		1 . 1		APPS	ROXIMATE INTERVAL
N ST	24 HOURS ITEM 18. G LONG WIT PERMIT. P. GIENE, DIV		PARTIDE	ATH WAS CAUS	SED BY: IATE CAUSE (a)	Acut	o M	rocard	In Dis			
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84	ANS ANS AL H REV			ins, if any, which ise to immediate		Chrar	ic N	LYECON	dial Di	Si		
>	SENT SENT) stating the <u>unde</u>		OR AS A CONSE	DUENCE OF	-			7.8 W	
201	N EXA		lying cao	ise iusi.	(c)							
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	E SHOULD BE EXECUTED WITHIN 24 HOUR WORD "PENDING" IN PENCIL IN ITEM 18. E CHIEF MEDICAL EXAMINER ALONG W BE USED AS A BURIAL - TRANSIT PERMIT. NT OF HEALTH AND MENTAL HYGIENE, D BURIAL, CREMATION, OR REMOVAL.		PART 2 OTHER SI	GNIFICANT CONDITION	NS CONTRIBUTING TO DE.	ATH BUT NOT RELATED	TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN	PART I fol			
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O	G THE TO TO TO TO THE	ICAI	CONTRIBUTII	NG CAUSE O		P.M.	19	25.47.01.4				
N S	CER DED PEN DEP	MEDICAL	21d. INJURY C			E OF INJURY (AT HOME, ZIF L	DCATION STREET	CITY OR TO	WN	COUNTY	STATE
0	RE THIS CERTIFICATE SHOULD ATE, WRITING THE WORD "PER SRWARDED TO THE CHIEF MR. PAGE 3 SHOULD BE USED A ESTATE DEPARTMENT OF HEAD DE 21201 PRIOR TO BURIAL, C		AT WORK	AT WORK								
	ATE, ORV		22a Icerti	fy that I took cho	irge of the remains	described above,	held on Auto	psy . Inspec	tion Inquiry	, and in	n my apını a n	
1	MIN IIFIC II	1	death result	ed fram No	tural causes P.	Accident	, Suicide	, Hamicide L	· Undetermined m	anner,		
	DIE WITH		ACTUAL	10	0/			TITLE (SPECIFY)			DATE -	1000
	AH AN HE		SIGNATURE	eta e	1. 1	Den	,	M.D. Dep	MEDICAL EXAM	AINER	SIGNER	2221103
	NO S DE		EXAMINER'S	NAME JOHN	S. ROGE	ne		1010	OFUZULOU	00 07	11150 05	2412 112
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA FFIER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	00 01	(TYPE OR PRI				AS OS CEMEVEDY	ADDRESS 1919	SEMINARY 1234 LOCATION	KV., SI	LVEK SPI	KING, MU
		230.BC	CREMAT	TION, REMOVAL		The second second	AE OF CEMETERY	CREMATOR	CITY OR TOWN	DTA	COUNTY	STATE
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	DHMH - 17 (VR A15 ME (5))				COLLINS		NIVERSIT	AL	N 27 1983	John	- Or con	~ 70
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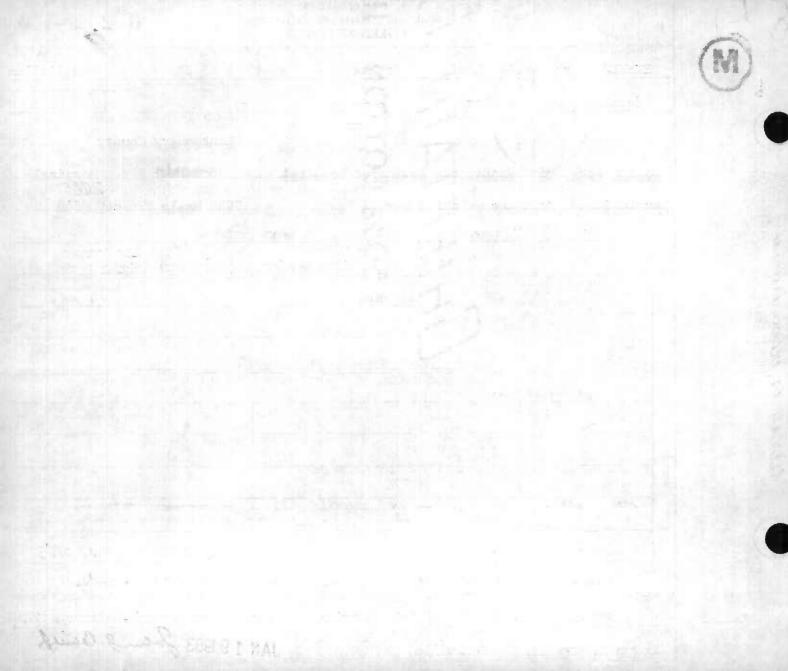
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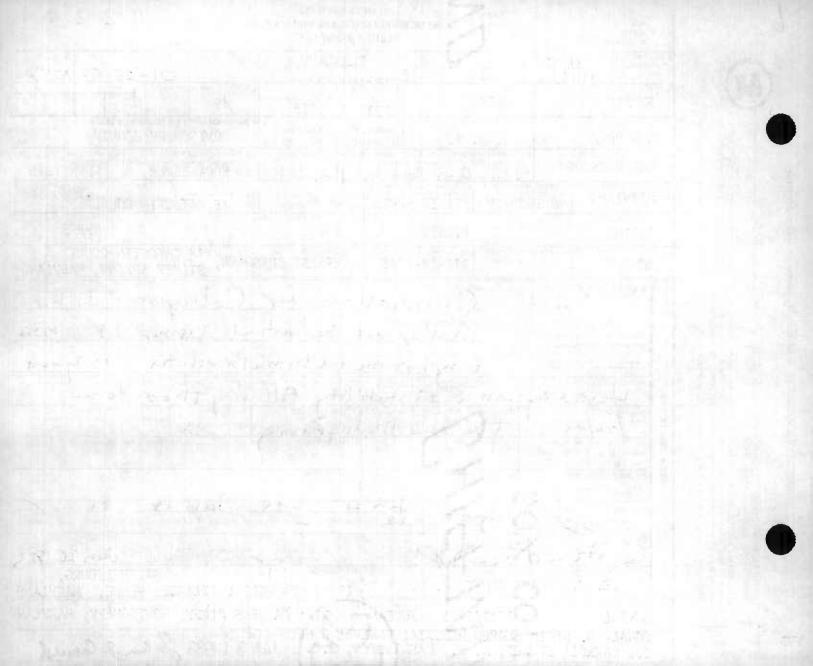
CE PATOTA ALIDAMOTTA 1-25-33 MATERIAL STATES

SELT DELEGISTS

STATE OF MARYLAND

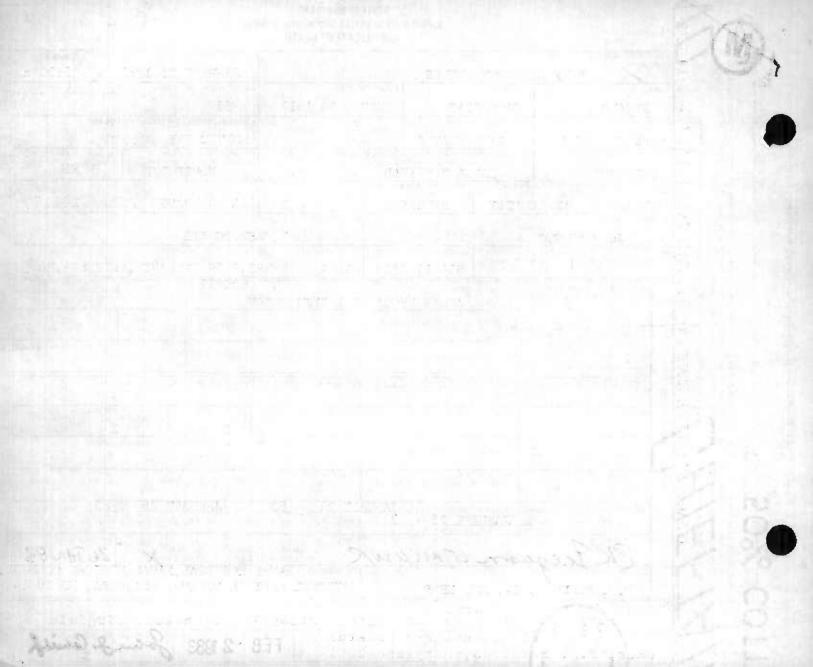


	1.	FOR STATE REGISTRAR			MENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5	0 2 2	2-4 4
M) to	3. SE	CEASED NAME MILDE OR PRINT) X FEMALE	RED A	Ä.	S. DATE C	DAY YEAR	20. DATE OF DEATH MONT 6 AGE IN YEARS LAST BIRTHDAY	FUNDER TYEAR	2b. HOUR 10 P M R IF UNDER 24 HRS HOURS MIN.
in 72 houn	7a. B	RTHPLACE (STATE OR FOREK COUNTRY) VEW YORK	JE CITIZEN OF	WHAT COUNTRY?	&PRI 8. MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY OR CO		MD.
by the full filled with		ITY OR TOWN OF DEATH GAITHERSBURG	Shady	GOUP AC	went's	+ Hospital	120 USUAL OCCUPATION 1 TYPE OF WORK FOR MOST OF WOR BOOKKEEPE	R 12b. KIND (INDUSTRY) FUI	OF BUSINESS OR RNITURE
should be	13a.	AL RESIDENCE I IF NURSING H	COUNTY ONTGOMERY	SILVER S	PRING	13d. INSIDE CITY LIMITS? YES NO 1	130. STREET ADDRESS	IN COURT	20906
ompletel and 2		Juliüs	WIDDIE	RIEGER		SADTE	WIDDLE		ERS
be execu on and co s. Pages 1	16a. \	VAS DECEASED EVER IN U	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	112-24-6		ERNEST SUS		OCTIN COUP SPRING, N	
SICIAN: The law requires that the death ce g physicion. certificate has been signed by the attending rial-transit permit. Then please remove corbinate Hygiene prior to burial, cremation, or tem 18 shows any injury, or ather traumatic	MEDICAL CERTIFICATION		ich (b)— the DUE TO, O this (c)— ANT CONDITIONS CO 19b, COND TO DEATH 21b, TIME O HOUR A.	RAS A CONSEQUE MONTRIBUTING TO TO THE PROPERTY OF THE PROPERT	DEATH BUT STONE OPERATION	NOT RELATED TO THE TERM TO THE		IF YES, WERE FINDS CERTIFYING CAUSES YES	
TO FUNERAL DIRECTOR. After this should be detached for use as the biwith the State Dept. of Health and MAPORTANT: If Item 21 is marked or	MED	22d. PHYSICIAN'S NAME	hospital) attended the live on did not) view the body	e deceased fram	Jan 53 , or	ATTENDING PHYSICIAN 220 ADDRESS	death occurred on the date of MEDICAL STAFF PHYSICIAN MEDICAL STAFF DIRECTOR PHYSICIAN OMERY VILLAGE	DAITHERSBU	ESIGNED LC. 1983
Phone and a should be with the MAPORTA		BURIAL, CREMATION, REM	OVAL 236. DATE 1/27/	1983 JU		EMETERY OR CREMATORY MEMORIAL GARI	DENS OLNEY, MO	NTGOMERY,	MARYLAND
HMH - 16 50M 4/B2 (VRA 15, 4)	24. F	DONALD M. ST 232 CARROLL	EIN HEBREW STREET, N.				N 3 1 1983	REGISTRAR'S SIGNA	



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/ EATH V	P.M.	FOR STAT REGI	E STRAR			DEPA	ARTMENT OF	E OF MARYL HEALTH AND FICATE OF	MENTAL HYG		0	2 2	4 6
- 400 PP	5	DECEASE		FIRST	0.377	MIDDLE		LAST		20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
I .	H	TITE OR PRIN		UTH MA	ARGARET	THEWES				JANUARY	25 198	83	5:30 a _M
*C	7	. SEX			4 RACE			OF BIRTH		6 AGE IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	
ge 4	2	FEM	IALE	3.1	CAUCAS	SIAN	AUG	UST 24	1917	65	YRS.	MONTHS! DAYS	HOURS MIN.
	∞	G. BIRTHPL	ACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNT			MARRIED -	9. BALTIMORE CIT	OR COUNT	Y OF DEATH	
	97		CHUSET'	TS	UNITEI	STATE			NORCED	MONTGOME	RY COL	JNTY	MD.
by the fu	1	BETH	TOWN OF DE		VAN	AL HOS	PITAL	OR OTHER INS	NOITUTITE	12a USUAL OCCUP (TYPE OF WORK FOR MO HOUS		12b. KIND (INDUSTRY HO	OF BUSINESS OR
24 hour illed in must be must be		ISUAL RES 130. STATE			OTHER INSTITUTION		EFORE ADMISSION	13d. INSIDE	CITY LIMITS?	130. STREET ADDRES	S AVEN F	ROAD (20817)
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Pa du so	z		JOHN M	URRAY	MIDDLE	LAST				ASPEROWITZ		LA	AST
n ond co			CEASED EVER		MED FORCES? E WAR OR DATES)		SECURITY NO.	17. INFORM			DRESS		
S. Po	7	NC					2-5686	WILLIA	AM THEWI	ES,9839 BE 20817	LHAVEN		SDA, MD
equires that the death certification is signed by the ottending parties of the property of the property or the property or other troumotic events.	EXAMINER: DR	Conc gove cous unde	ditions, if ony rise to imperior stories to imperior, stories rouse 2 OTHER SIG	, which mediate mediate the lost.	DUE TO, O (c) ONDITIONS CO	R AS A CONSE	OUENCE OF	NOT RELATE	. 39	INAL DISEASE OR CO	- 23		
he low on. hos ber t permit	DICA	CERTIFICATION 13e D	ATE OF OPERA	TION	196 COND	ITION FOR WE	HICH OPERATION	N WAS PERF	ORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDI FYING CAUSE! ES X	INGS USED S OF DEATH?
physical rifector of the Hyge	~	00.00	CCIDENT WAS UN INTRIBUTING THER NOTIFY MEDI	CAUSE OF DEAT	171	M. MONTH	DAY YEAR	21c. HOW II	NJURY OCCURE	RED (ENTER NATURE OF I	NJURY IN ITEM 18	PART 1 OR PART 2)	
te to by	D BY		JURY OCCUR	RED	21e. PLACE			21f. LOCAT	ION	CITY O	RTOWN	COUNTY	STATE
by the hos by the hos ERAL DIREC se detoched Stote Dept.	CLEARED	220. 50 22h. 5	certify that (I)) (this hospit ied olive on did) (did not	view the body		0.2	DEGREE	ATTENDING PHYSICIAN	, to JANUA death occurred on the MEDICAL S DIRECTOR PHY L HOSPITAL	TAFF SICIAN	22c. DATE	SAN83
TO HOSI retoined TO FUN should b with the		I	R.K.FER	GUSON.	LT, M	C, USNR		NATIO		ITAL REGIO			
of of www.	1	3c. BURIAL	CREMATION,	·			23c. NAME OF			23d. LOCATION			
BP		(SPECIFY)				all.			ationa	1 Arlin	gton,	Virgi	nia
DHMH - 16 50M 4/82 (VRA 15, 4)					t A. I				FE PA	B 2 1983	AR 251 REGIST	TRAR'S SIGNA	Dire shirt



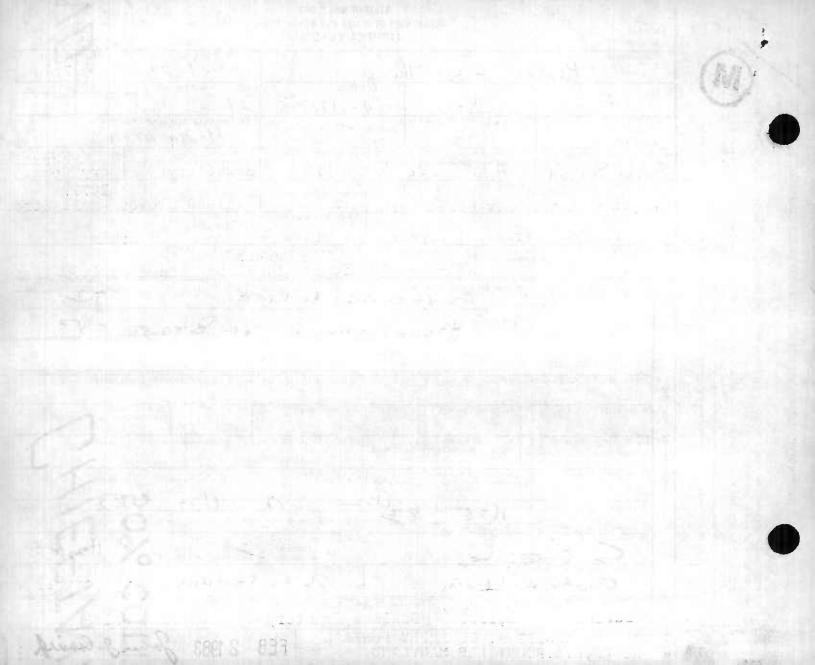
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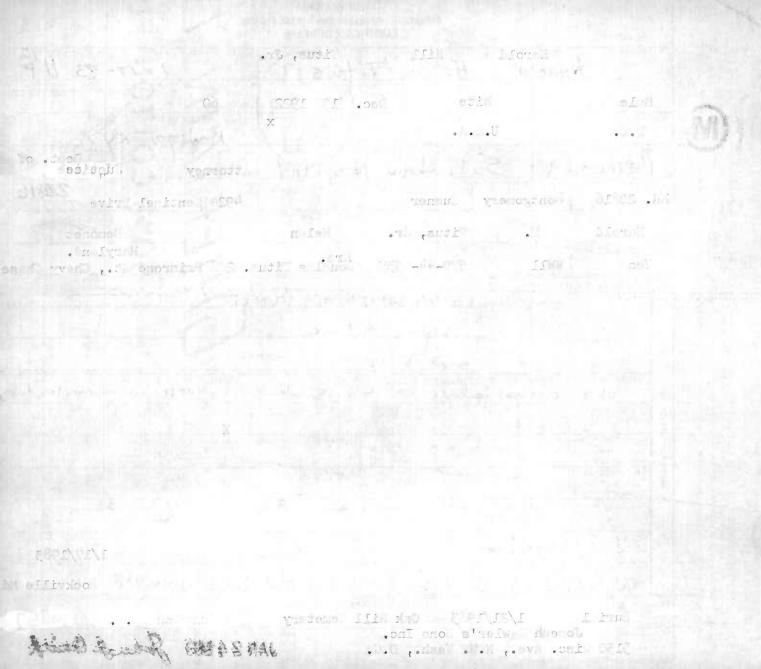
71		FOR	DEPART		E OF MARYLAND EALTH AND MENTAL HYG	IENE 8 3	0 2	241
	1	- STATE REGISTRAR			ICATE OF DEATH	REG. N	0	
ran		CEASED NAME FIRST	WIODIE	ı	AST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
1916		JOHN	Δ	Thon	YPSON SR	1-30	- 83	3,31 PM
	3. SE	× M ALE	CAUCASIAN	S. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIE	THOAY) IF UNDER 1 YE.	
10		NORTH CAROLINA	CITIZEN OF WHAT COUNTRY	MARRIE		1.142	OR COUNTY OF DEATH	MD.
108	5	SILVER SPRING	T. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY GIVE STREE HOLY CROSS H	OSPITA		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O SALES MA	ION 126. KINE	TO LAY CO.
35	MA	AL RESIDENCE (IF NURSING HOME OR O STATE 136 COUNT ARYLAND MONTGO	Y II3, CITY OF TOU		13d. INSIDE CITY LIMITS? YES NO		USHEY DRIVE	2090
0		OSCAR DE	EWITT THOMPSO		LÜNABELI	.E	TILLE	y ^{s1}
e medico	16a. V	VAS DECEASED EVER IN U.S. ARMI YES. NO OR UNKNOWN) (IF YES. GIVE V	ED FORCES? 166 SOCIAL SEC 241-22-		MILDRED A. T	THOMPSON	SAME AS 13	WIFE OXIMATE INTERVAL EN ONSET AND DEATH
njury, ar ather traumati	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQU	Cerd JENCE OF	not related to the term	-Clean	DITION GIVEN IN PART	lia:
huo smot	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINE IN CERTIFYING CAUS YES	DINGS USED ES OF DEATH?
or Item 18 st	MEDICAL CER	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCURE	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2	n
morked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	FARM ETC)	211. LOCATION STREET	CITY OR TO	WN COUNTY	STATE
24 is			ottended the deceased from 30 19 view the bady after death.	777	d that in (my) (a) apinian a	to Jac death accurred an the d		, that (i) (lost he causes stated
MPORTANT: If Hem		THE SIGNATURE	Jani	u	ATTENDING PHYSICIAN 1226 ADDRESS	MEDICAŁ STA DIRECTOR PHYSIC	FF _	30/83
MPCK	22	Frank N.	Gravino		SILVE	R SPRING,	MARYLAND	
	(BURIAL CREMATION, REMOVAL SPECIFY) BURIAL	2/3/83 F		WN CEMETERY	ROCKVILL		MOSTATE
'B1	24 PU	INERAL DIRECTOR FRANK 500 UNIV. BLVD., I	CIS J. COLLINS W.,SILVER SPRIN	IG, MD.		3 1983	251 SEGISTRAR'S SIGN	shulf

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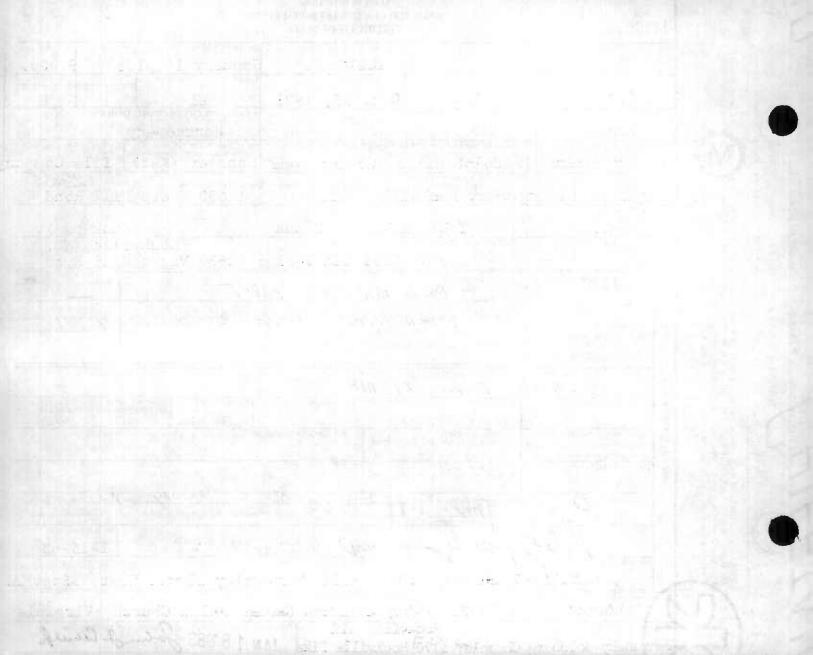
	1			STATE OF MARYLAND	13 V O	0 0 4 0
•	11.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYG	SIENE O O U	6 6 9 0
1-		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DA	AY YEAR 26 HOUR A
	TYPE	ORPRINT) Mart	ha Gail T	horp	1-29-83	7:40 M
	3. SE	× -	4 RACE	5. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS.
		Female	Caucasian	4-19-55	27 YRS.	
9 7 5	1	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	OF DEATH
O to		klahoma	· USA	WIDOWED DIVORCED	Montgomer	ry MD.
liftied (10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	Mb. KIND OF BUSINESS OR INDUSTRY FEDERAL
800	0	ilver Doring	Holy Cross	Hospi Tal	Secretary E	ngery Comm.
ld be	13a. S	STATE 136. COUN		N 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	20777
Should be a should		aryland Mont	gomery Gaithe	rsburyes NO D	11900 Clove	r Knoll Stree
ol exomin	IA. FA		MIDDLE	FIRST	MIDDLE	LAST
1 30-	-		Travis Roge	* *	155555	rdis
Poges	100 V	VAS DECEASED EVER IN U.S. AR VES, NO.OR UNKNOWN) (IF YES GIV	E WAR OR DATES)	nus	band	
E		NO	432-08-	2200 Richard L.	Thorp Same a	as item 13
nt, th		18. CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly one couse per line far (o), (b), an			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
remov			E CAUSE (0) Muto	current Failu	26	100.
corb notic		1111	DUE TO, OR AS A CONSEQUE		or Brown	23.5
roun		Conditions, if ony, which gave rise to immediate	(16) 17 8 caca	o cal a dame	11- Diecenil	2 4
her t		couse (o), stoting the	DUE TO, OR AS A CONSEQUE	NCE OF		
ol, o		underlying couse lost.	(c)			
ijury,	z	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	V IN PART I (a
prior prior	CERTIFICATION	190. DATE OF OPERATION	19h CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES.	WERE FINDINGS USED
0 0 0	FIG	M. DATE OF G. EMATION	The condition of the condition	OTENATION WASTER OWNED	IN CERTIFYI	ING CAUSES OF DEATH?
sho	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	171r HOW IN HIRY OCCUPE	YES NOW YES RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	
Mentol Hygien or Item 18 show		OR CONTRIBUTING CAUSE OF DEA		AY YEAR	(ENIER NATURE OF INJURY IN TIEM IS PAR	I TORPARTE
Hen	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED		19	The second second second	
o p	MEG	WHILE NOT WHILE	214 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
orke		AT WORK			1136	F3
S E			tal) attended the deceased fram	19 67		, that (I) (we) last
n 2 l		sow the deceased alive an above, (I) (we) (did no	t) view the body ofter death.		death occurred on the date and hour o	and from the couses stated
Dept.		Th SIGNATURE		DEGREE	MEDITAL CTAFF	226. DATE SIGNED
deto pate LT. H		2 20	32,00	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	1129185
TAP		276 PHYSICIAN'S NAME	# PRINT]	22e ADDRESS	CC . 0	Maryland
should be deto with the State [IMPORTANT: If		ENGAIZ	H. LEVIN	84.30	FEMBIS I Sil	ver Spring
3 ځ (23a. 6	SURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d, LOCATION	
		SPECIF Burial	2,1983	akland Cemetery	Ponteau, (
OM 4/82	24. FI	INERAL DIRECTOR ROBE	RT A. PUMPHRE	Y FUNERAL 250. DAY	E REC'D. BY REGISTRAR 251 TEGISTRA	AR'S SIGNATURE
. 4)			OCKVILLE MARY		3 2 1983 John	I Couly



STATE OF MARYLAND



		500		STATE OF MARYLAND	a 4 n	2 2 5 0
	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	lie in 4
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DA	AY YEAR 26. HOUR
poge 3	(TYPE	JACK		TOBIN	January 14, 19	83 9:00p.m
od 'r	3. SE		4. RACE	S. DATE OF BIRTH		FUNDER I YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
urs of		Male	White	Oct. 15, 1901	81 YRS.	
ol di nee	7a. B	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIE XX NEVER MARRIED	9. BALTIMORE CITY OR COUNTY C	
	10.0	Russia	USA	WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	Montgomery	101 MAIN OF BUILDINGS OF
動	Si	lver Spring	Randolph Hil	ls Nursing Home	(Type of work for most of working life) Manager (Ret)	126 KIND OF BUSINESS OR INDUSTRY Tile Company
wild by Market	13a. 5	STATE 136 COU	nother institution give residence before NTY 13c. CITY OR TO	RE ADMISSION) WN 13d. INSIDE CITY LIMITS? 7111e YES XX NO [13e STREET ADDRESS 12630 Viers M	20853 Mill Road
2 sho		THER'S NAME		15. MOTHER'S MAIDEN NA	ME	TITE ROUG
ond only	150	David	Tobota	nick Tauba	WIODLE	(unknown)
Poges 1	16a V	VAS DECEASED EVER IN U.S. AL	WE MAD ON DATES		ADDR Rockvi	ille, Md.
0 %		YES, NO OR UNKNOWN) (IF YES, GI	159-03	3-4559 Ida Tobin	; 12630 Viers N	Mill Road
physicis nopper noval.		18. CAUSE OF DEATH (Enter o	nly one couse per line for (a), (b) o	nd (c)	06	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
on p ewer			TE CAUSE (a)	NO-PESPIRATORY AN	Pert	
or r or r		4140	DUE TO, OR AS A CONSEQ	JENCE OF	000	1.1.4.
ove tion		Canditions, if any, which	((b) KIPG	MISCEEPONE HEPE	of Discosice	104RS.
the remo		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEO	JENCE OF		
eose ol, ci		underlying cause lost.	(c)	Control of the second		
en pli buri	7	alla	1. 0.	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART To
t. The	101	00100	vu kower	DISTALE		
permit.	CERTIFICATION	19a. DATE OF OPERĂTION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
si certificate has buriol-transit per Mental Hygiene or Item 18 shows	RTI				YES NOX YES	
certificate hariol-transit tentol Hygie frem 18 sho		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	(T 1 OR PART 2)
riol- ento frem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19		
	윤	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	PARM. ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
After thise os the late of the ord	-	AT WORK NOT WHILE AT WORK				0:
s mo		220.1 certify that (1) (this hosp	ital) attended the deceased from	JUM 1900	to JANUBRY 1	9 0 3, that (1) (we) lost
of H of H 21 i		sow the deceased alve or	view the body after death.	, and that in (my) our) opinion	death occurred on the date and hour	and from the couses stated
IREC hed ept.		226. SIGNATURE	10 11 1	DEGREE		22c. DATE SIGNED
re Dod	100	16les	1 Mark -	ATTENDING PHYSICIAN X	MEDICAL STAFF DIRECTOR PHYSICIAN	1-15-83
Stote ANT: #	13	22d. PHYSICIAN'S NAME (TYPE)	drent	22e. ADDRESS	Value Lor - Hills Clark	11 15 05
should be det with the State (MPORTANT:		ROBERT	ROSENBERG, M	.D. 1131 Unive	ersity Blvd., W	est; SSpg,Md.
O d M	23a. E	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY
	1	Burial	1-16-83 K	ing David Mem. Gard	den Falls Churc	ch, Virginia
16 50M 4/82	24 FI	JNERAL DIRECTOR	Roc	kville, Md. 25a DA	TE REC'D. BY REGISTRAR TO REGISTR.	AR'S SIGNATURE
RA 15, 4)	Dan	zansky-Goldber	co Chanels: 1170	Rockville Pike 10	N 1 8 1983 John	of country

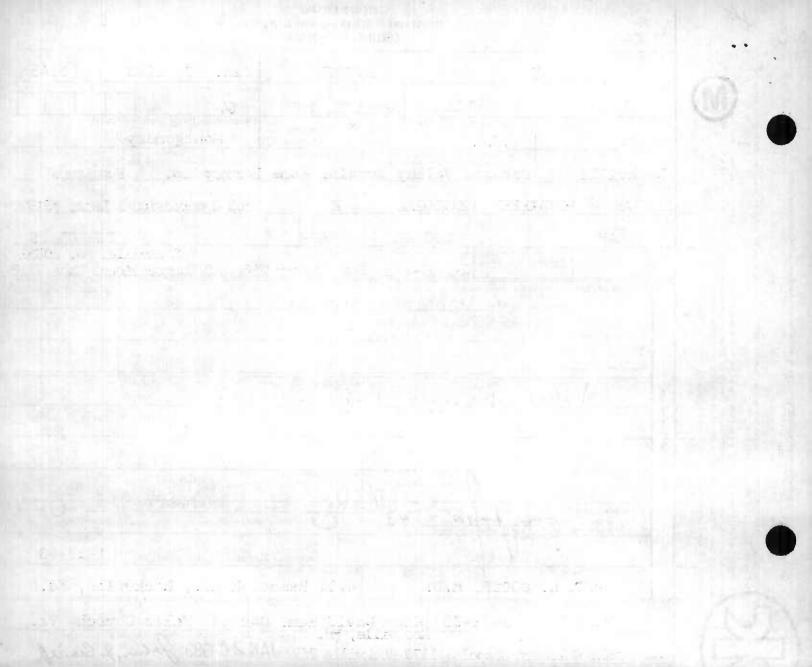


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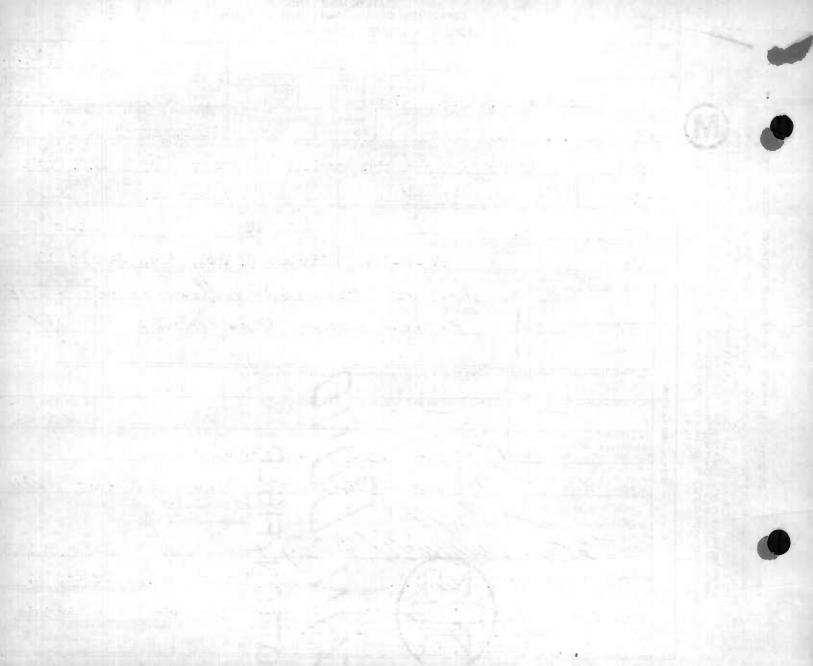
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

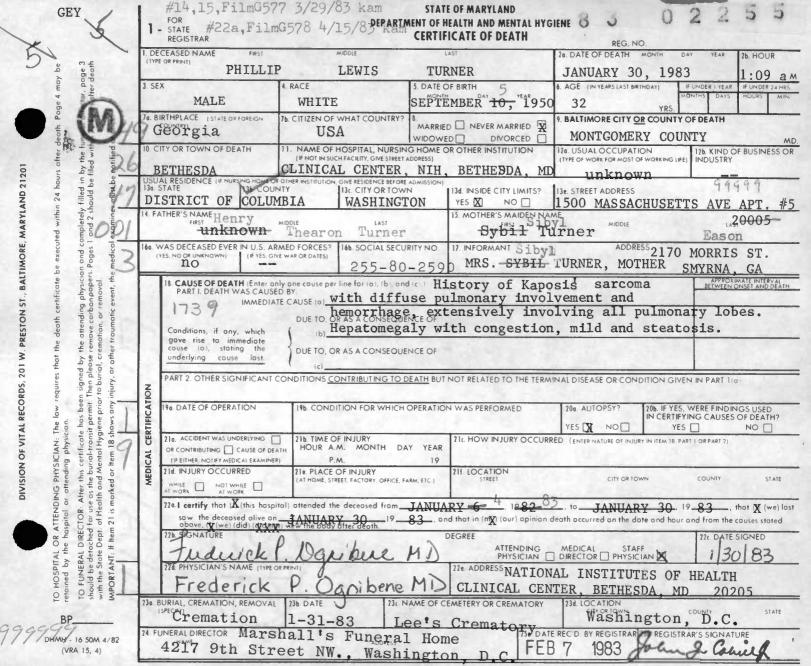
Jan. 12, 19834. THE CHECKE COLOMBIC F. H. CILL LEOSUNG PINE

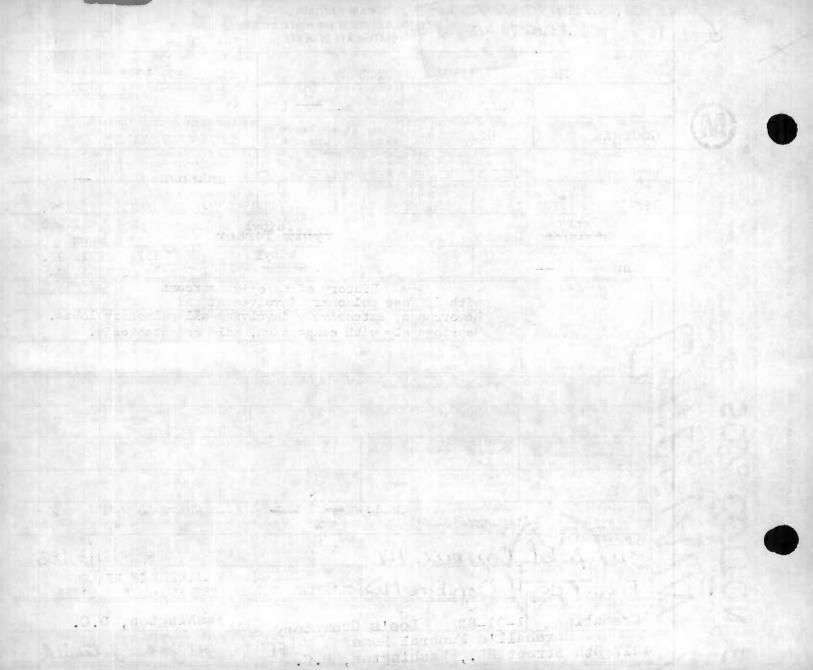


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN XX MONTH (TYPE OR PRINT) OF ESTI-Franklin Tue1 Thomas Jan. 24. 19 83 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS LAST BIRTHDAY) PRONOUNCED Oct.13. 1935 DEAD Jan. 47 Male Caucasian 9. BALTIMORE CITY OR COUNTY OF DEATH L CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED FOREIGN COUNTRY) Montgomery County. Washington D.C United States DIVORCED WIDOWED -11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY SHOULD BE FILE Shady Grove Adventist Hospital Cartographer U.S. Gov't Rockville Rockville 307 Carr Ave. 13d INSIDE CITY LIMITS? 20850 Montgomery Maryland IS. MOTHER'S MAIDEN NAME 4 FATHER'S NAME Bettis FIRST Elizabeth Tue1 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, Guv 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO IYES NO OR HINKNOWN) 578-44-2444 Elizabeth K. Tuel, Wife. Same as #13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) FE MEDICAL EXAMINER ALONG ED AS A BURIAL-TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, XI, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "PROBE 4 SHOULD BE FORWARDED TO THE CHIEF A TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE ARTENDEE, MARYLAND, 21201 PRIOR TO BURIAL, NOX YES 21a EXTERNAL CAUSEWAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 POR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH If LOCATION NOT WHILE AT WORK AT WORK 22s I certify that I taak charge of the remains described oboye, held on Homicide Undetermined manner SIGNED Jan. 24, 1983 MEDICAL EXAMINER SIGNATURE ADDRESS 8200 Wisconsin Ave., Bethesda, MD. EXAMINER'S NAME Francis C. Mayle, M.D. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 238 LOCATION Jan. Robert A. Pumphrey Funeral Homes. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Cremation 24 FUNERAL DIRECTOR **DHMH - 17** Rockville, Maryland (VR A15 ME (5)) 20M 4/82

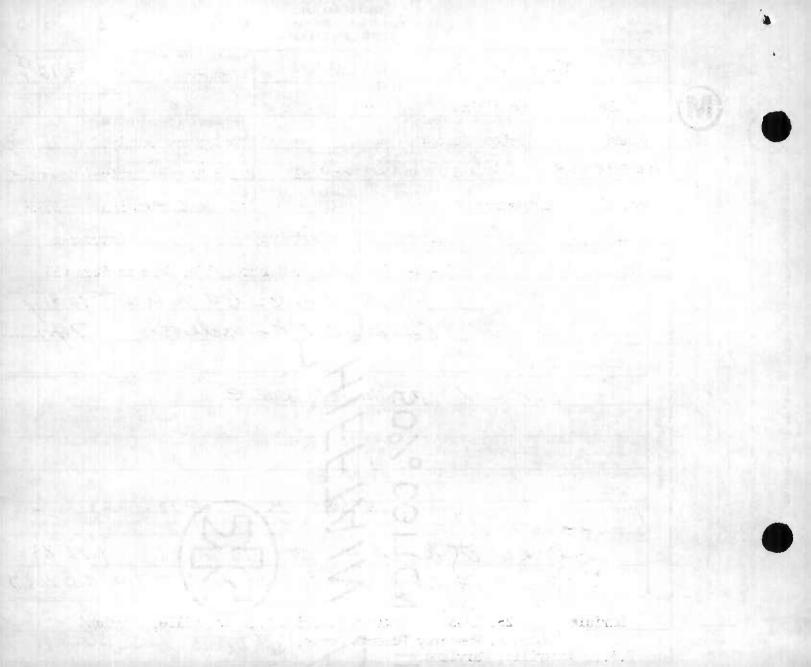


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OE.	a	3. SE	X	-	4. RACE		5. DATE	OF BIRTH	FAR	6. AGE (IN YEARS LAST BIRTHD.	AY) IF UNDER		FUNDER 24 HRS
ge 4	\$ AA)		Male		Caucasi	an	May		22	60	YRS.	DAIS	Mile.
P. O	To The state of	7a. B	RTHPLACE STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUN	TRY? 8.	ED NEVER MARRI	ish []	9. BALTIMORE CITY OR	OUNTY OF DE	ATH	
to the	770		oland	40.0	United	States				Montgomery	County		MD.
70	de fu		TY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, N	URSING HOME	OR OTHER INSTITUTE	ON	12a. USUAL OCCUPATION	126.		BUSINESS OR
10 offer	Off of the	B	ETHESI	A			STREET ADDRESS)	Hospital	145	Sales Repres		USTRY	multer
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or absending physician.	be file	USU	AL RESIDENCE (IF NUR	SING HOME OR	OTHER INSTITUTION.	GIVE RESIDENCE	BEFORE ADMISSION				CIICAULV	5/ 66	mpacer
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OR	Pages medico		ES, NO OR UNKNOWN)		E WAR OR DATES)							MILE.	
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SO S	prior	Į ₹	19a. DATE OF OPERA	TION	1% CONDI	TION FOR W	HICH OPERATE	WAS PERFORMED			Ob. IF YES, WERE		
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SIO PHY end		MEDICAL	WHILE NOT W		21e. PLACE		FFICE, FARM, ETC }	STREET		CITY OF TOWN	CO	UNTY	STATE
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A HO	IRE hed ept.		226 SIGNATURE	1- 1	/	DAY	_ ,	DEGREE		E CONTRACTOR	22	c. DATE SI	GNED
the of			8	Ten	& W. C	1.0	19	ATTEN PHYSI	IDING ICIAN E	MEDICAL STAFF DIRECTOR PHYSICIAL	NO /	-22	-85
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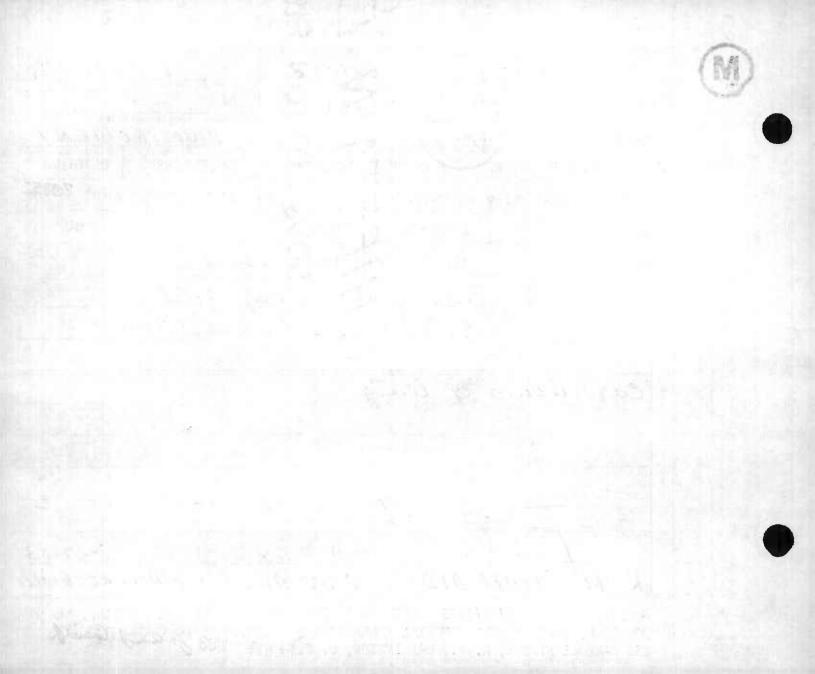
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

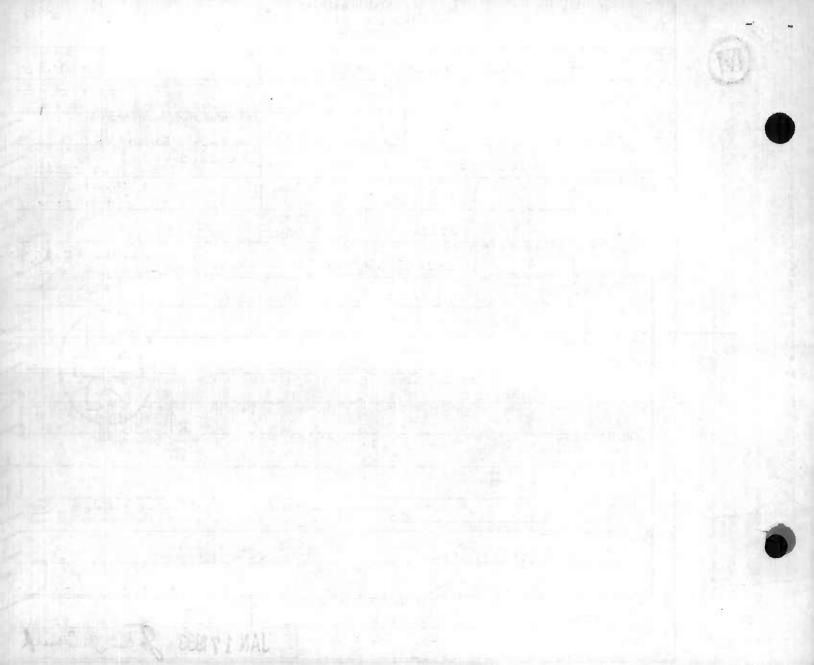
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t, the		18 CAUSE OF DEATH (Enter o	only one couse per line for (0), (b),	ond (c).		1 1	A BE	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH			
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Eno		Conditions, If ony, which	1 balle	Moseles	-ouch	reaxt	auseus	P			
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to the		underlying couse last.	(c)	70E/10E			1.55				
, v		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED	TO THE TERMINA	L DISEASE OR CONE	DITION GIVEN IN PA	ART 1(a			
<u> </u>	ON ON	Carcino	ma of l	eug.							
ony	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERAHON WAS PERFO	DRMED	20a AUTOPSY?	20b. IF YES, WERE	FINDINGS USED AUSES OF DEATH?			
Now.					,	YES NO	YES 🗌	NO [
8 0		210. ACCIDENT WAS UNDERLYING		DAY YEAR 21c HOW IN	JURY OCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR P	ART 2)			
fem	₹ S	OR CONTRIBUTING CAUSE OF DE	MIT	19							
ō	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	E FARM ETC.) STREE	ON	CITY OR TO	wn cour	NTY STATE			
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2		sow the deceased alive or obove, (I) (wee (did) (did to	view the body ofter deoth.	ond that in (my)	(our) opinion deat	h occurred an the do	ite and hour and fro	om the causes stated			
E e		22b. SIGNATURE	11-1	DEGREE				DATE SIGNED			
± 			hah	MD	PHYSICIAN DI	AEDICAL STAF IRECTOR PHYSIC	IAN	-27-83			
PORTAN		220, PHYSICIAN'S NAME (TYPE	GRAH MD.	610:	s- Ma	itrose	Rd- A	Pochville			
<u> </u>		BURIAL, CREMATION, REMOVAL	1/30/1983	BETH DAVID CE		,		ND, NEW YORK			
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		232 CARROLL ST	REET, N. W., WA	SHINGTON, D.	C. FEB 1	1983					

DHMH - 16 50M 1/B1 (VRA 15, 4)

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W. W. Chambers Co. 8655 Georgia Ave. Sil. Spg.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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(VRA 15, 4)

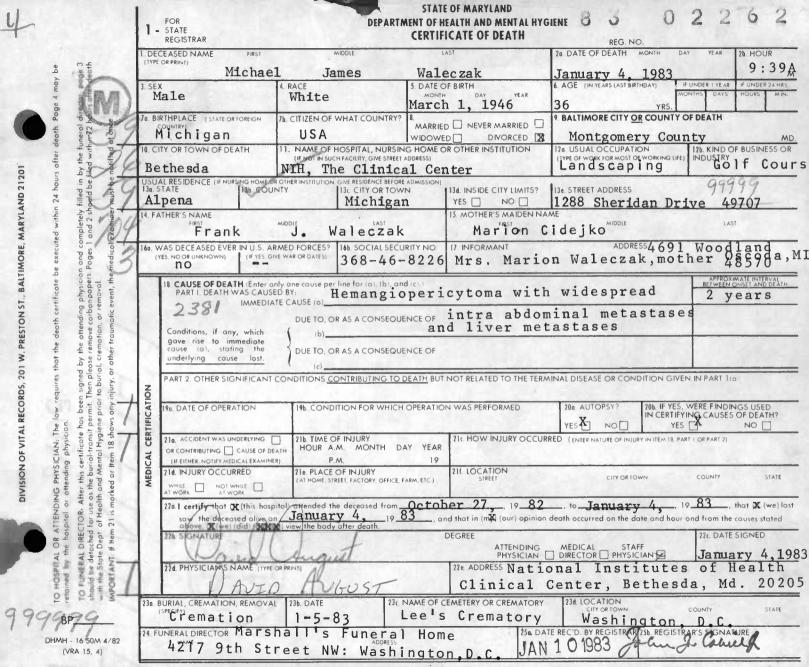
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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(VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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2b. HOUR

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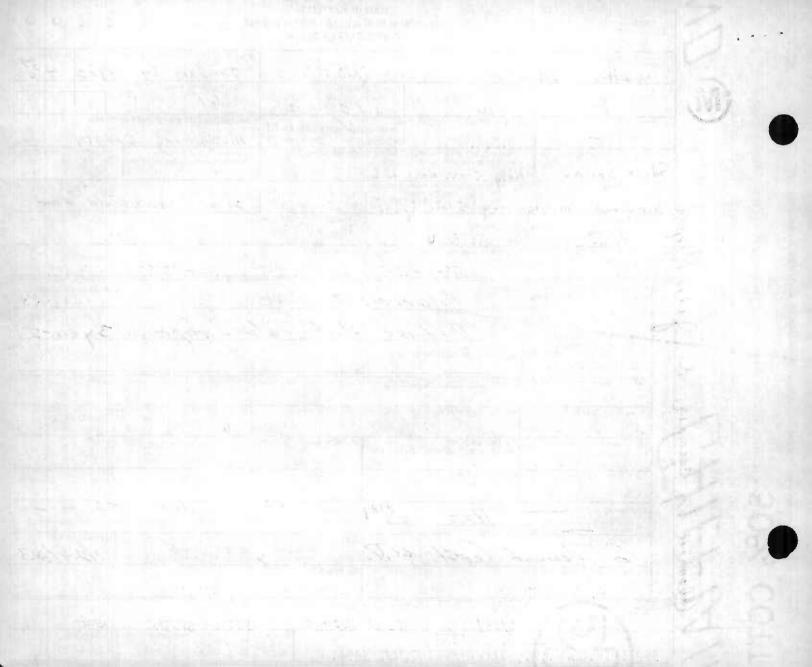
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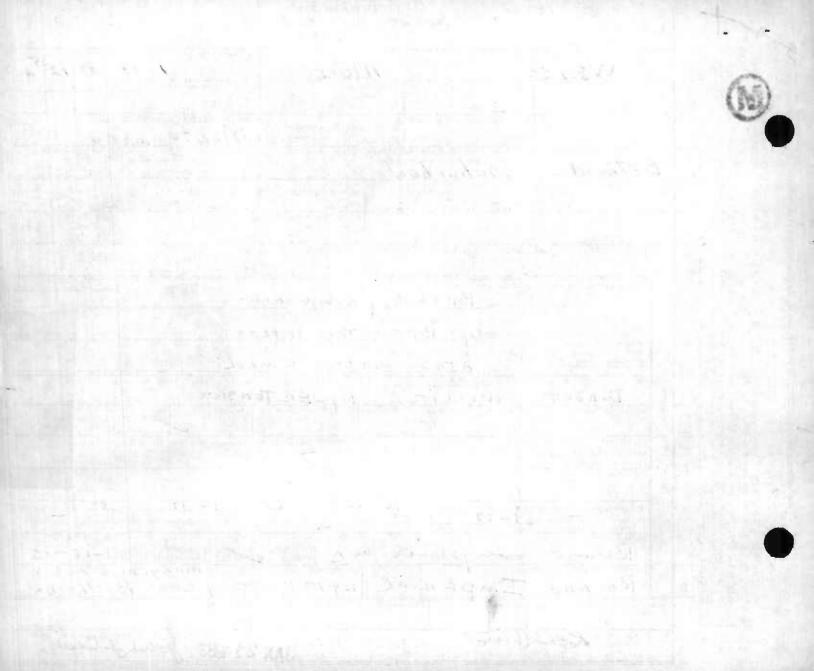
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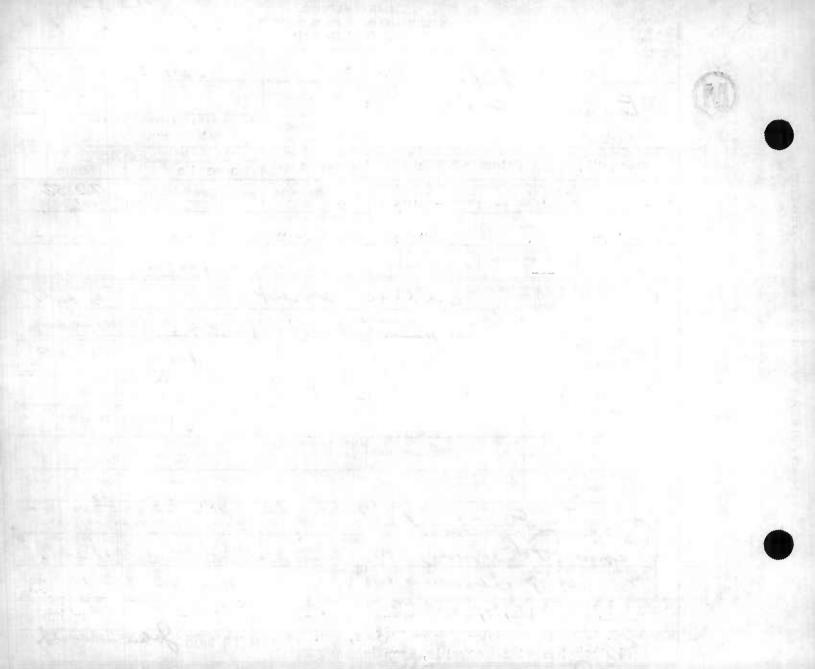
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		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
4 600 o		GIADUS	Loe	white	1-8-83	9.40 AM
	3. SE	Female	white	5. Date of Birth Dec. 16 1892	6. AGE (IN YEARS LAST BIRTHDAY) 90 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
	Gar	rden City Kansa	7b. CITIZEN OF WHAT COUP USA	NTRY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED		OF DEATH MD.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6a	ithers being	Herman G. S.	~ Nealth Carelante	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF HOUSEWIFE	12b. KIND OF BUSINESS OR INDUSTRY Home
24 hours		AL RESIDENCE (IF NURSING HOME OR	other institution, give residence TY 13c. CITY OF Ontgomery Che	E BEFORE ADMISSION)	130. SIREET ADDRESS 7105 Ridgewood	1 Ave 208/5
markful maletely and 2 st	14. F/	Themas Finley A	ANDDLE LA	15. MOTHER'S MAIDEN N Ada I Ble		LAST
n and ca Pages 1		NAS DECEASED EVER IN U.S. ARA YES. NO OR UNKNOWN) (IF YES. THE	WAR OR DATES	SECURITY NO. 17 INTERMINITATION W. S	ewood Ave^Chevy Ch Southworth-daughte	nase,Md. 20815
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours a detending physician. When this certificate has been signed by the ottending physician and completely tilled in as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremation, ar removal. Overed or them 18 shows any injury, ar ather traumatic event, the medical examiner may be a second property.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	NCESTIVE HERS	HESRT DISA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
VII.A. RECORDS, 23 NN: The low requires hysician. icate has been signe ransit permit. Then pl Hygiene prior to burn 18 shows any injury, c	CERTIFICATION	19a. DATE OF OPERATION		VHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \)
SION OF VIT. PHYSICIAN: This certificate this certificate burial-transford Aentol Hyg do or them 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTI	H DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18. P	ART 1 OR PART 2)
IVISION IG PHYS attendin ter this c s the bur and Me rked or th	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	DEFICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTEND pital a	K	22a:1 certify that (1) (this haspites saw the deceased alive an above, 1) (we) (did) (did) and	CITA Y	19 3, and that in (my) (our) opinio	n death accurred on the date and hou	
O HOSPITAL OR A etoined by the hos TO FUNERAL DIRECT should be detoched with the State Dept.		224 PHYSICIAN'S NAME LIVE OF	and as	DEGREE ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	1/8/83
TO HOSPITAL retoined by the TO FUNERAL should be detributed to with the Stote IMPORTANT.		R.C.D	ADDA	210 5413 Ce		Bethesoa.
BP		BURIAL, CREMATION, REMOVAL (SPECIFY BURIAL	1-14-83	Lakeside Cemetery Lekeside Cemetery	Wakeffeld, Mas	
DHMH ~ 16 50M 4/82 (VRA 15, 4)		e Füheral Home	300-4th St.Nº	Es Wash.D.C. 2000271	ATE REC'D. BY REGISTRAN SHIP HEGIST	RANGENCIANTELL



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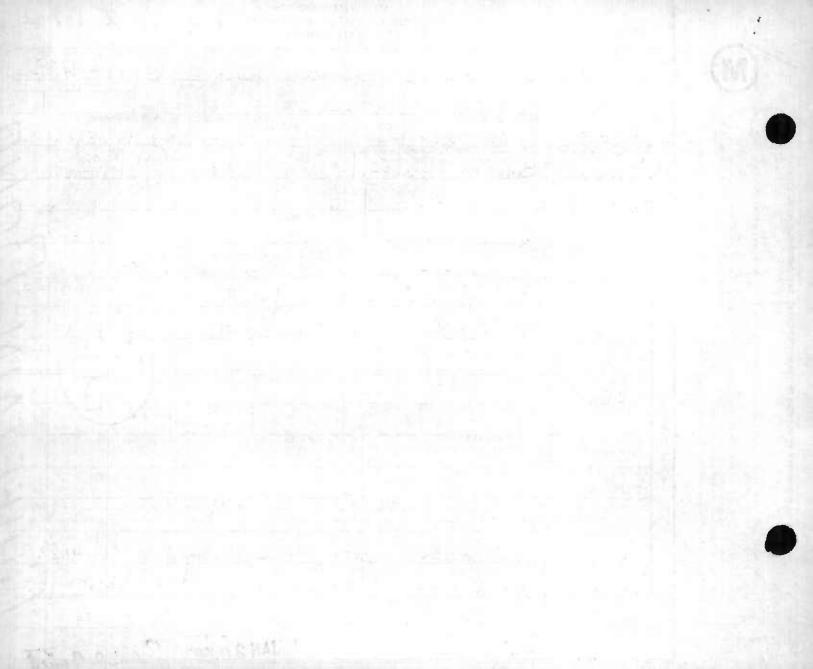
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.		
		CEASED NAME	FIRST		MIDDLE	ı	AST	20. DATE OF DEATH		AY YEAR	2b. HOUR
	,,,,,,	OK PRINTY	DELLA	AN	INE	WHI	TTAKER	January 12	2, 1983		6:02 p _M
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2		PENNSYLV	ANIA	U.S	. A.	WIDOWE	_	Montgomer	Count	У	MD
-		thesda	DEATH		HOSPITAL, NURSING HEACHLITY, GIVE STREET LO CLINIC		nter	12a. USUAL OCCUPATION OF TECH. ED	OF WORKING LIFE		21 BYTAMON ABS
5	13a. S	AL RESIDENCE (IF TATE TYLAND	NURSING HONE OF	VTY	GIVE RESIDENCE BEFORE 134. CITY OR TOW Adelphi	N	136. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS 10804 Ashf	ield F	Road	20783
C	14. FA	THER'S NAME FIRST		MIDDLE	SILVERM	IAN	15. MOTHER'S MAIDEN NA/ FIRST SARAH	WIDDLE	30,4	ROVNE	
>		WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES			WAR OR DATES)		17 INFORMANT	ADDR	ES\$ 10804	ASHFI	ELD RD.
							DENIS WHITTA	ITTAKER, HUSB, ADELPHI, MD			. 20783
		Conditions, if gove rise to couse (a), underlying c	immediate	(b)	R AS A CONSEQUE		ises				
	NO	PART 2. OTHER	SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	NDITION GIVE	N IN PART 1	la
	CERTIFICATION	19a. DATE OF OP	PERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	WERE FINDS	NGS USED S OF DEATH?
		210. ACCIDENT WA OR CONTRIBUTING (IF EITHER NOTIFY	-	AIN .	PFINJURY M. MONTH D. M.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJ	URY IN ITEM IS PA	ART I OR PART 2)	
	MEDICAL	216. INJURY OCH	OT WHILE	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)		ARM, ETC)	21f. LOCATION STREET	CITY OR TOWN COUNTY		STATE	
		22a.1 certify that X (this haspital) attended the deceased from November 7, 19 79, to January 6, 19 83, that X (we) last									
		sow the de above, 🛠 (v	ceased alive ar	Januar	ofter death.	 , a	nd that in (n) (aur) opinian (death accurred an the	date and haur		
		22b. SIGNALUII	11		15	1	DEGREE	MAEDICAL CT			ESIGNED
		111	1/ 1	n	-	1	ATTENDING PHYSICIAN		CIAN		.13,1983
224. PHYSICIAN'S NAME (TYPE				ON PRINT	STATE PARTY	-	220. ADDRESS Natio	onal Instit	utes o	f Heal	th,9000

BP.

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR: should be detached for with the State Dept. of MPORTANT: # He

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
CREMATION 23b. DATE

Marc Lippman, M.D.

23c. NAME OF CEMETERY OR CREMATORY CEDAR HILL CREMATORY 23d LOCATION
CITY OF TOWN
SUITLAND

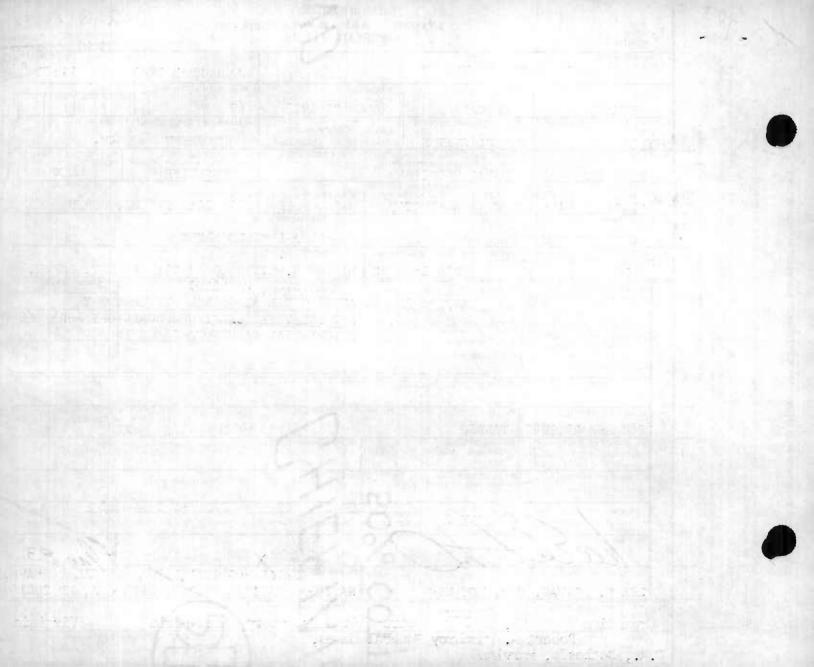
Rockville Pike, Bethesda, Maryland 20205

PG. 1/14/83 940 BENDER BLDG, 1120 CONN. AVE. N.W. WASH.

TO SEND TO BE RECEIPTED TO SANCE TO SAN

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(VRA 15, 4)



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Everly-Wheatley Funeral Home, Alexandria, Va.

FOR

REGISTRAR

24. FUNERAL DIRECTOR

DHMH - 16 50M 4/82

(VRA 15, 4)

- STATE

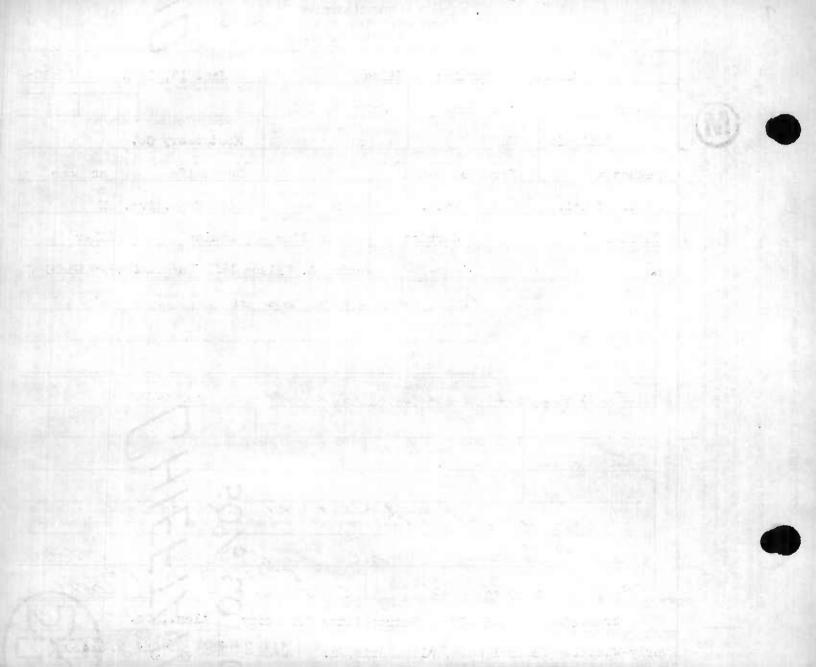
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

STATE

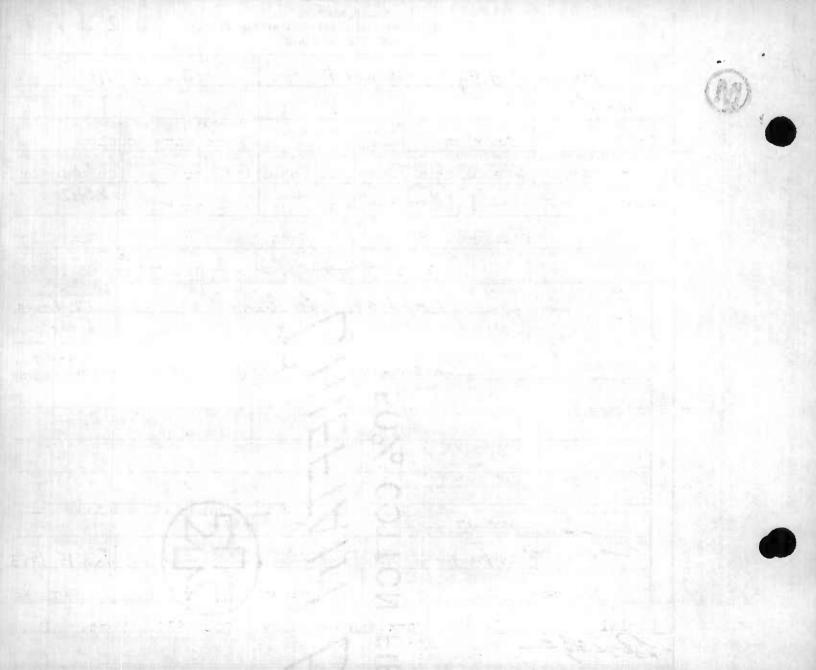
250, DATE REC'D. BY REGISTRAP 256. REGISTRAR'S SIGNATURE



Sil.Spr. Md

E. Pumphrey Inc.

(VRA 15, 4)



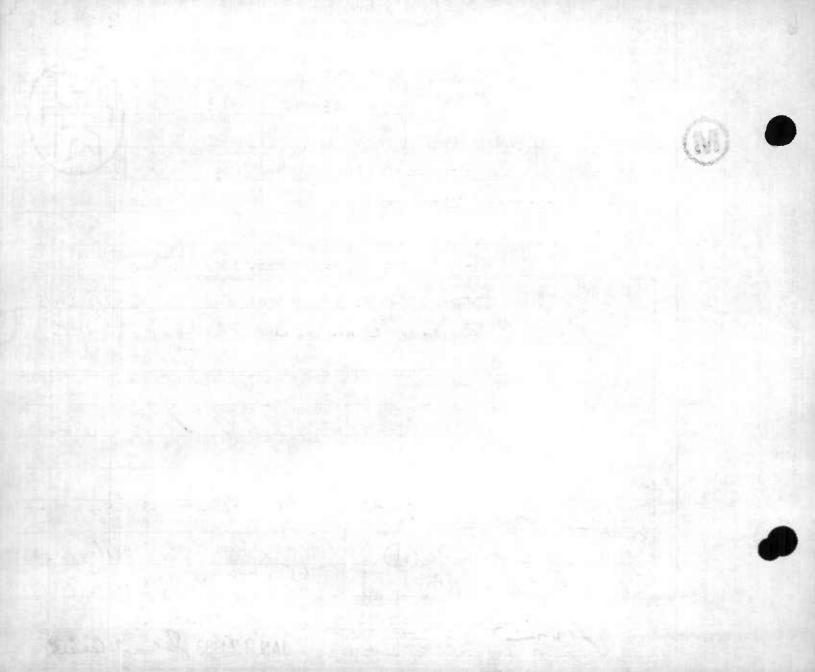
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN XX MONTH (TYPE OR PRINT) ESTI-Jullien Francia Winnemore DEATH MATED 1/30 183 10:18 4. RACE & AGE (IN YEARS | IF UNDER 1 YR. 3. SEX 5. DATE OF BIRTH DATE 73 VPS PRONOLINCED male White 1/30/ ...83 5/18/09 10:18 DEAD 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. WIDOWED [DIVORCED TO Maryland Montgomery County
128 USUAL OCCUPATION (TYPE OF WORK 128 KIND OF BUSINESS ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFET OR INDUSTRY Bethesda Suburban Hospital Artist SHOULD BE F Art USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONAL 20814 Ontgomery 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Bethesda 7002 Exfair Road 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE AND Jullien Alice Winnemore Pratt 7. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO. ADDRESS (IF YES GIVE WAR OR DATES) 579-01-3421 Augustine Winnemore. Same as item 13. WWIT Yes 1B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BURIAL - TRANSIT PERMIT. AND MENTAL HYGIENE, D BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cardiac IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF arterio sclerosis Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 USED AS A B CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES E 3 SHOULD BE I 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 71e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 21L LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. V PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER DEATH, WITH THE STABALTIMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held an death resulted from: Hamicide TITLE (SPECIFY) DATE 1-30-MEDICAL EXAMINER SIGNED Bethesda, Md. EXAMINER'S NAME (TYPE OR PRINT) 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE Burial Suitland Cedar Hill Cemetery Maryland 24 FUNERAL DIRECTOR JOSEPH Gawler's Sons Inc.
NAME 5130 Wisc. Ave., Nows Wash., D.C. FEB 4 1983 REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) 15M 2/80

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		3. SE)	(4 RACE	E S. DATE OF BIRTH			6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 2				c. DATE		MONTH	DAY	YEAR	10125	
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	F ANY DELAY IS NECESSA AND 3 TO THE FUNERAL SHOULD BE FILED, WITHIN RECORDS 201 W. PREST	10 CI	ITY OR TOWN	OF DEATH	TT. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACRITY, GIVE STREET ADDRESS) 170. USUAL OCCUPATION TYPE OF WITH STREET ADDRESS)						PE OF WORK	OR INDUSTRY						
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.21	S AFTER DEATH. GIVE PAGES 1, 2 I'IH FORM PM 3 PAGES 1, AND 2 IVISION OFVITA		aryland		gomery	Silver Spi		ring	YES NO					ille	e Road, #416			
W			OSEPH		MIDDLE	ואיזורו	PENN			TO MOTHER'S MAIDEN NAME			DOLE	RUBINSKY				
ORE		_		DEVER IN U.S. AR	MED CORCES?	PENN 166 SOCIAL SECURITY NO.			IDA 17. INFORMANT									
MIT.		(Y	ES. NO. OR UNKNO		WAR OR DATES)					Buddy Rozansky: 58			ADDRESS Mary			ıd		
			NO	E DEATH /E-A			01-940	8	Buddy	Roza	nsky	;5811	GOT	isbor		L; Bet		
201 W. PRESTON ST.,			PARTIDE	ATH WAS CAUSE	ily one couse per line D BY: TE CAUSE (a)			Ni ol	dicon	00					BET	WEEN ONSE	HTAND DEATH	
TO NO			45	Cy MMEDIA			NSEQUENCE (ulsea	2E								
PRES	THIN SIL IN A NASI		Conditions, if any, which gave rise to immediate (b) chronic myocardial disease.															
*	UTED WITHI IN PENCIL EXAMINER EIAL - TRANS O MENTAL I		cause (a) stating the under. DUE TO, OR AS A CONSEQUENCE OF													C VI	1000	
. 201	RIAL DAN JON,		lying cause last. (c)															
DIVISION OF VITAL RECORDS,	EXEC ING' ING' HAN HAN		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T IO.															
9	R. THIS CERTIFICATE SHOULD BE EXECUTED WINTE, WRITING THE WORD "PENDING". IN PENCYRWARDED TO THE CHIEF MEDICAL EXAMINER: PAGE 3 SHOULD BE USED AS A BURIAL. TRAE ESTATE DEPARTMENT OF HEALTH AND MENTAD. 21201 PRIOR TO BURIAL, CREMATION, OR FOR A SHOULD BE USED AS A BURIAL.	CERTIFICATION	None 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?												0			
AL B		ICA.	IVa. DATE OF	OPERATION	196. CONDII	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?									20.	AUTOPSY:		
TIV.		ERTI	NONE 216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN SEAL 18 PART 1 OR P.									PART 2)	YES [NO X				
Ō			UNDERLYING	OR	HOUR A.M				5 · · · · · · · · · · · · · · · · · · ·									
OISI	SHO SHO PRIO	MEDICAL	21d INJURY C	OCCURRED	21e PLACE C				CATION	None								
Ş	VRITI VRITI VRDE SE 3 201 L	X	WHILE AT WORK	NOT WHILE	STREET, FACT	ORY, FARM, E	TC.)	S	TREET			CITY OR TOV	VN		YTHUO		STATE	
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	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		TYPE OF PRIN	4T)0011	n S. Roger				ADDRESS_				Mont	gomei	ту,	Md.		
		23a.B	URIAL, CREMAT SPECIFY) Urial	TION, REMOVAL	Jan. 27, 19	Q2 73c	NAME OF CEA	AETERY O	R CREMATO	ORY	73d. LOC	CATION PRIOWN	יטווים מו	J. FAT	PEAV	7. T/A ST	'A1E	
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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

PALE WHITE GOSTMARK 18 1923 (V) Insulation I show that the YRISMOSTRAM SILVER SPRING CHELY GIRSE NERWY MONE "TRINTER BENERALISED MARYLAND TR. GEORGES ABELTHS - SEIO ABELTHS NOAB 2073 Uloon Jennie F WELDEN 3-46-7 STY-TO SHY FLANCHE WORD (SAME AS # 13 HOOVE) 1/23/1993 GED WASHINGTON ATTENTIN TREGGED AND 48(7)35 LESTER DE STREET BELLE TEN COURSE DE CALLES

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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEA REGISTRAR REG. N 1. DECEASED NAME O DATE KNOWN (TYPE OR PRINT) Constance 7ebris DEATH MATED Jan 19, 1983 9:491 4. RACE 3 SEX 5. DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 24 HOUR DATE 6,1895 AR :49p 76. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Lithuania States Montgomery WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION LTYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Silver Spring Md Housewife Home Silver Spring Nd 13a. STATE 136. INSIDE CITY LIMITS?. 13e STREET ADDRESS 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAM LAST MIDDLE LAST MIDDLE UNKNOWN UNKNOWN 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO ADDRESS No N7A 033 10 4061 Bertha Stann Daughter Same as #13 CAUSE OF DEATH (Enter only ane couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the underlying cause lost. PART 2 OTHER SIGNIFICANT DONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULL E DEPARTMENT OF NO De YES T 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (ATHOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALLIMORE, MARYLAND, 21201 AT WORK 220 I certify that I took charge of the remains described above, held an and in my opinion Natural causes death resulted fram: Homicide Undetermined monner TITLE (SPECIFY) EXAMINER'S NAME ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Burial Jan. 22. 1983 St. Patrick's Cemetery Lowell, Massachusetts BP 24 FUNERAL DIRECTOR IVES Funeral Home 2847 Wilson Blyds, Arlington, Va. 22201 26 REGISTRAR'S IGNATURE **DHMH** - 17 (VR A15 ME (5)) 20M 4/82

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